



Derbyshire County Council.

ANNUAL REPORTS

OF THE
COUNTY MEDICAL OFFICER OF HEALTH
AND
SCHOOL MEDICAL OFFICER,

For the Year 1931,

BY

W. M. ASH,

M.B., B.S. (LOND.), F.R.C.S. (ED.), D.P.H. (VICT.),

COUNTY MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER.

DERBY:

J. W. SIMPSON AND SONS, PRINTERS, FRIAR GATE.



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*To the Chairman and Members of the
Derbyshire County Council.*

MY LORD DUKE, LADIES AND GENTLEMEN,

I have the honour to present to you the Forty-second Annual Report on the Health of the County of Derby.

The Report this year is the first of a series of four Interim Reports of a new five-yearly period. Last year was a "Survey" year and it will be remembered that the Report was of a comprehensive nature, set out in the form of a book of reference to the County Health Services. The present Report records any alterations made since the publication of the Survey Report and at the same time gives full statistical particulars of work done during the year 1931; otherwise, for reasons of economy, the Report has been reduced as much as possible.

The year has been an exceedingly difficult one, for while the financial circumstances make it almost impossible to proceed towards the realisation of the great possibilities for the improvement of the health services which were presented by the Local Government Act of 1929, it is equally impossible to stand still.

In conclusion I would like to acknowledge the help and consideration I have received from the Chairman and Members of my Committees, both collectively and individually, during the past year.

I am,

Your obedient Servant,

W. M. ASH,

County Medical Officer of Health

New County Offices,

St. Mary's Gate, Derby.

June, 1932.

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PUBLIC HEALTH STAFF.

COUNTY MEDICAL OFFICER OF HEALTH.

W. M. Ash, M.B., B.S., F.R.C.S., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER:

R. N. Curnow, M.B., B.S., M.R.C.S., D.P.H. (*commenced 22/6/31*).

TUBERCULOSIS OFFICERS:

B. S. Nicholson, M.D., D.P.H.

P. Heffernan, B.A., M.D., B.Ch., B.A.O.

C. Kingston, M.R.C.S., L.R.C.P., D.P.H.

BACTERIOLOGIST:

Sheila M. Ross, M.D., B.Ch., D.P.H.

VENEREAL DISEASES OFFICER:

H. R. M. Richards, M.B., B.Ch. (part-time).

MEDICAL SUPERINTENDENT AT WALTON SANATORIUM:

A. N. Robertson, M.R.C.P., M.D., D.P.H.

ASSISTANT RESIDENT MEDICAL OFFICER AT WALTON SANATORIUM

Vida Stark, M.B., Ch.B.

CONSULTING SURGEON, WALTON SANATORIUM:

J. W. Tonks, M.D., F.R.C.S. (*commenced 1/2/31*) (*Died 4/5/31*).

F. J. Milward, M.A., F.R.C.S. (*commenced 20/7/31*).

CONSULTING SURGEON, BRETBY ORTHOPÆDIC HOSPITAL:

Naughton Dunn, M.B., Ch.B.

MEDICAL SUPERINTENDENT, BRETBY ORTHOPÆDIC HOSPITAL

G. A. Q. Lennane, M.A., M.B., B.Ch.

ASSISTANT RESIDENT MEDICAL OFFICER, BRETBY ORTHOPÆDIC HOSPITAL:

Elizabeth Grierson, M.B., Ch.B.

HON. CONSULTING RADIOLOGIST AND ELECTROLOGIST:

A. R. Laurie, M.B., Ch.B., D.M.R.E.

MATERNITY AND CHILD WELFARE OFFICER:

Edith E. Stephens, M.D., B.S. (*resigned 31/10/31*).

Nellie Wilkes, M.B., Ch.B. (*commenced 14/12/31*).

CONSULTING OBSTETRICIANS:

N. L. Edwards, F.R.C.S., Derby.

H. T. Hicks, F.R.C.S., Derby.

W. W. King, F.R.C.S., Sheffield.

F. H. Lacey, M.D., Manchester.

C. D. Lochrane, F.R.C.S., Derby.

M. H. Phillips, F.R.C.S., Sheffield.

C. E. Potter, M.D., Derby.

ASSISTANT SCHOOL MEDICAL AND M. AND C. W. OFFICERS:

H. S. Bryan, M.R.C.S., L.R.C.P.,

F. J. Burke, M.D., Ch.B.,

Wilhelmina W. Hendry, M.B., B.Ch., D.P.H.,

A. Macmillan, M.B., B.Ch., D.P.H.,

Ethel W. Morris, M.R.C.S., L.R.C.P., D.P.H.,

W. J. Pierce, M.B., Ch.B.,

H. N. Popham, M.B., Ch.B., B.S.,

OPHTHALMIC SURGEON (School Medical & M.C.W.):

T. E. A. Carr, M.B., B.S.

Public Health Staff—continued.

EAR, NOSE & THROAT SURGEON (School Medical & M.C.W.):

Margaret S. Purce, M.B., B.Ch., F.R.C.S.

COUNTY ANALYST:

John White, F.I.C.

SENIOR DENTAL OFFICER (School Medical & M.C.W.):

H. P. Sutcliffe, L.D.S.

DENTAL OFFICERS:

M. Lewis, L.D.S.,

C. L. Noble, L.D.S.,

Elizabeth E. Grant, L.D.S.,

Doris M. Thomson, L.D.S.,

Christine B. Calder, L.D.S.,

Cicely Jefferson, L.D.S.,

Betty C. Hamilton, L.R.C.P. & S., L.D.S. (*resigned 28/3/31*).

Flora M. Grant, L.D.S. (*commenced 13/4/31*).

Josephine Dolan.

Also six Dental Attendants and three Dental Clerks.

ORGANISER OF INFANT WELFARE:

Miss E. Gray.

REGIONAL INSPECTORS OF MIDWIVES.

Miss Sleigh,

Miss Thorpe (*resigned 25/4/31*).

Miss Culleton (*commenced 27/5/31*).

Miss Wilson,

Miss Woodford.

ORTHOPÆDIC NURSES:

Miss E. Garratt, C.S.M. & M.G.

Miss E. Taylor.

COUNTY SANITARY INSPECTORS:

H. Dickinson, Cert. R.S.I., Cert. Meat Inspector.

H. Mallinson, Cert. R.S.I., Cert. Meat Inspector.

FOOD & DRUGS SAMPLING OFFICER:

W. Etchells.

ASSISTANT BACTERIOLOGIST:

C. F. Peckham.

LABORATORY ASSISTANTS:

A. Morley, Cert. B.L.A., A. Yeomans, C. Robertson.

RADIOGRAPHER:

H. A. Wainscott, M.S.R.

CHIEF CLERK

T. O. Morrell.

CLERKS:

H. R. Pedley, H. Richardson, F. Beeston, Cert. S.I.B.,

H. Littlewood, H. Haddock, E. L. Eyre, E. J. Arnot,

L. A. Buttlings, Miss Alexander, Miss Waller, Miss Booth.

Miss Allsop (*died 11/2/32*), Miss Facer (*commenced 16/2/32*).

There are six part-time Officers in charge of Infant Welfare Centres. Details of these will be found in Table XXII.

There are 81 Public Vaccinators (including nine at Institutions) and 75 Poor Law District Medical Officers. All are engaged in private practice. There are also 19 Vaccination Officers.

There are seven subsidised midwives.

HEALTH VISITORS.

<i>Name.</i>	<i>Qualification</i>	<i>Reference No.*</i>	<i>Date commenced duty.</i>
Gomm, G. E.	... 3, 4, 5, 6, 7	... ..	1/9/08
Harvey, A.	... 2, 3, 5	... ..	1/9/13
Spetch, R.	... 2, 3	... ..	21/4/13
Fisher, D.	... 3, 4, 5, 6	... ..	1/5/14
Rodgers, M.	... 3, 5, 6, 7	... ..	1/2/15
McNulty, A.	... 7 (Dispensary Nurse)	... ..	16/6/15
Wilson, M.	... 3, 4, 6, 7 (Regional Insp. of Midwives)	... ..	12/7/15
Liddle, A. L.	... 3, 4, 5	... ..	27/9/15
Fisher, C. H.	... 3, 4, 5, 6	... ..	21/12/15
Siddons, B.	... 1, 3, 4, 5, 6	... ..	10/8/16
Orpin, C. A.	... 2, 3, 4, 6	... ..	5/2/17
Hughes, D. C.	... 3, 4, 5	... ..	27/2/17
Rose, J.	... 3, 4	... ..	3/3/17
Blood, W. S.	... 2, 3	... ..	1/9/17
Stevens, A. L.	... 2, 3	... ..	21/9/17
Webb, E.	... 3, 4	... ..	21/9/17
Field, C.	... 2, 3, 5, 6	... ..	1/10/17
Major, C. B.	... 2, 3	... ..	1/10/17
Stevens, L.	... 2, 3, 4, 6	... ..	29/6/18
Martin, E.	... 3, 5, 7	... ..	10/9/18
Smith, M. L.	... 2, 3, 5	... ..	1/1/19
Clarkson, A. L.	... 1, 3, 4, 5, 6, 7	... ..	18/3/19
Spencer, E. A.	... 2, 3, 5, 6	... ..	17/3/19
Woodford, D.	... 2, 3, 5 (Regional Insp. of Midwives)	... ..	8/12/19
Booth, E.	... 3, 4, 5	... ..	16/8/20
Sleigh, F.	... 2, 3, 5, 6 (Regional Insp. of Midwives)	... ..	6/9/20
Beardmore, B.	... 2, 3	... ..	25/10/20
Quinn, E.	... 2, 3, 5	... ..	20/10/20
Priestley, M.	... 2, 3	... ..	17/2/21
Nuttall, J.	... 3, 4	... ..	1/3/21
Agutter, M.	... 1, 3, 4	... ..	22/8/21
Brewster, C.	... 2 (Theatre Nurse)	... ..	1/9/21
Sterling, E. M.	... 3, 5	... ..	1/9/21
Millington, H.	... 2, 3, 5	... ..	29/5/22
Latham, B. A.	... 2, 3, 5 (Clinic Nurse)	... ..	9/10/22
Hinchliffe, M. I.	... 2, 3	... ..	21/3/23
Clark, M.	... 1, 3	... ..	8/1/24
Wood, Irene M.	... 2, 3, 7	... ..	19/2/24
White, G.	... 2, 3, 7	... ..	25/3/24
Watson, E.	... 2, 3	... ..	27/3/24
Sheldon, F.	... 1	... ..	5/1/25
Dennis, S.	... 2, 3	... ..	23/3/25
McIntosh, A. J.	... 2, 3, 7	... ..	2/1/28
Webster, E.	... 2, 3	... ..	3/9/28
Fitzmaurice, M. M.	... 2, 3	... ..	4/2/29
Hitecock, M.	... 2, 3	... ..	8/5/29
Avery, Florence	... 1, 2, 3	... ..	27/1/30
Easton, Alice A.	... 2, 3	... ..	17/2/30
Reid, Gladys M.	... 1, 2, 3	... ..	3/3/30
Macfarlane, A. T.	... 2, 3	... ..	10/12/30
McGaw, J.	... 2, 3, 5	... ..	10/12/30
Simmons, B. M.	... 1, 2, 3	... ..	16/3/31
Parkin, D. A.	... 1, 2, 3, 7	... ..	11/5/31
Allford, A. M. D.	... 1, 2, 3, 7	... ..	16/11/31

With the exceptions indicated, all the Health Visitors act as Visitors under the M. & C. W. and Tuberculosis schemes, as Mental Deficiency Act Visitors and as School Nurses in the area of the County allocated to them. In addition, certain Health Visitors take duty at Tonsil and Adenoid, Ear, and Dental Clinics, and also Tuberculosis Dispensaries.

*1. H. V. Cert. (Approved Ministry of Health).

2. Trained Nurse.

3. Certificate of the Central Midwives Board.

4. Sanitary Inspector.

5. H. V. Cert. of Royal Sanitary Institute.

6. Maternity and Child Welfare Works Certificate, Royal Sanitary Institute

7. Fever Nursing or other special training.

TABLE I.
Birth Rate and Death Rate from the Seven Principal Zymotic Diseases and all Causes
and Infantile Mortality in the Whole County during the last Forty-one Years.

Year.		DEATH RATES PER 1,000 OF POPULATION.							Death Rate from all Causes.	Birth Rate.	Infantile Mortality per 1,000 Births.
		Small Pox.	Scarlatina	Diphtheria & Membranous Group.	Typhoidal Fevers.	Measles.	Whooping Cough.	Diarrhoea	Seven Principal Zymotics		
1891 to 1900	WHOLE COUNTY ... England and Wales ...	.028...	.16...	.17...	.16...	.43...	.30...	.58 ...	1.87 2.14	33.7 29.9	147 153
1901 to 1910	WHOLE COUNTY .. England and Wales ..	.004...	.10...	.16...	.08...	.26...	.24 ...	*.58 ...	1.58 1.50	28.5 27.1	126 128
1911 to 1920	WHOLE COUNTY .. England and Wales ..	— ...	.04...	.16...	.03...	.24...	.16...	.40 ...	1.03 1.17	24.07 21.90	99 100
1921 to 1930	WHOLE COUNTY ... England and Wales ...	.00...	.02...	.07...	.01...	.07...	.10 ...	†.12...	.39 .48	10.92 12.14	70.7 71.7
1931	Urban Districts ... Rural Districts ... WHOLE COUNTY ... England and Wales ...	.00.........	.01.........	.02.........	.01.........	.06.........	.06.........	.08.........	.24	11.46 10.68 11.08 12.3	67.7 67.1 67.4 66.0

* Since 1901 the Deaths from Enteritis, etc., are included.

† Deaths from Diarrhoea under 2 years of age only.

Report on the Health of Derbyshire for the Year 1931.



STATISTICS AND SOCIAL CONDITIONS.

AREA.

The Administrative County of Derby comprises 40 Sanitary Districts, four of which are Municipal Boroughs, 21 Urban Districts and 15 Rural Districts. According to the Census Return for 1931 the County has a total area of 640,701 acres, 92,588 in the Boroughs and Urban Districts and 548,113 in the Rural Districts.

POPULATION.

The population of the Administrative County at the time of the 1931 Census was 614,926, 316,440 in Borough and Urban Districts and 298,486 in Rural Districts. The Registrar-General's estimate of the population to the middle of 1931, on which the various calculations in this Report are based, is 618,500, *i.e.* 318,000 in Borough and Urban Districts and 300,500 in Rural Districts.

The estimated and the Census populations of each Sanitary District are given in Tables II. and IIa.

INHABITED HOUSES.

The estimated number of houses in the County at the end of 1931 was 152,113 of which 77,484 are in Boroughs and Urban Districts and 74,629 in the Rural Districts.

During 1931, 2,486 new houses were erected.

RATEABLE VALUE.

The Rateable Value of the Administrative County of Derby in April, 1931, for County Rate purposes was £2,665,597, and a Penny Rate over the whole County represents the sum of £10,307.

PHYSICAL FEATURES AND CHIEF OCCUPATIONS.

The main industries which give the people of this county occupation are coal mining, carried on in the East and North-East and in a small area in the South-Western portion of the county, and agriculture, particularly in the Western and Central parts of the county.

The staple industries in the extreme North-Western area of the county adjoining Lancashire are those connected with the cotton trade, whilst in the South-Eastern area adjoining Nottinghamshire the lace trade provides the chief occupation. In this area, too, artificial silk manufactories absorb an appreciable portion of the population. In the Northern and North-Central areas the chief industries are quarrying, limestone crushing and lime burning, working and dressing millstone grit, and silica brick making. A number of these industries come under the heading of "Refractories Industries," some of which are known to be pre-disposed to pulmonary disease. As was pointed out in a Special Report on Silicosis appended to my Annual Report for 1926, the death rate from phthisis amongst workers in the refractories industries has been considerably reduced in this County.

In the extreme South-Western portion of the county, pottery manufacture is one of the prominent industries.

VITAL STATISTICS.

The Vital Statistics relating to each District in the County for the year under review are given in Tables II. and II(a). and the following are extracts from them, given in a form required by the Ministry of Health :—

			<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Rate per 1,000 of population.</i>
Live Births	{ Legitimate		5,139	4,823	9,962	} 16.72
	{ Illegitimate	...	189	195	384	
Deaths	...	...	3,602	3,253	6,855	11.08
No. of women dying in or in consequence of childbirth		}	From sepsis		22	
			From other causes		30	

Deaths of infants under 1 year

	<i>Legitimate.</i>	<i>Illegitimate.</i>	<i>Total.</i>
Rate per 1,000 births	66.5	91.1	67.4
Deaths from Measles ...	...	...	27
Deaths from Whooping Cough	...	...	34
Deaths from Diarrhoea (under 2 years).	...	...	52

Infantile Mortality.—The Infantile Mortality rate for the year under review was 67.4 per 1,000 births, as compared with 61.45, the rate for the previous year. This rise is the same as that over the whole of England and Wales namely 6 per thousand in both instances.

Births.—The Birth Rate for the year was 16.72 per 1,000 of the population as compared with 16.92, the rate for 1930. The numbers of registered live and still births among males and

Table II.

COUNTY OF DERBY. Year ending December 31st, 1931.

Table giving the Birth Rates and the Death Rates from several causes, in each of the URBAN Sanitary Districts of the County.

URBAN SANITARY DISTRICT.	MEDICAL OFFICER OF HEALTH.	AREA in acres (Land and Water).	POPULATION.						BIRTHS.	DEATHS.	Annual Rates per 1,000 of Estimated Population.							Infantile Death Rate per 1,000 Births
			Census. 1911	Census. 1921	Census. 1931	Censal Increase or Decrease. 1921—1931.		Estimated Population 1931.			Birth Rate.	Death Rate.	Zymotic Death Rate.	Death Rate from continued Fever and Diarrhoeal Diseases (under 2 years)	Phthisis Death Rate.	Respiratory Death Rate.		
						(Percentage)												
						Increase	Decrease											
ALFRETON... ..	S. O. Bingham, M.R.C.S.	4,626	19,046	20,472	21,232	3·7	...	21,360	378	235	17·69	11·00	·32	·04	·14	1·21	76·7	
ALVASTON AND BOULTON	C. F. Druitt, M.R.C.S., L.R.C.P. ...	1,321	1,398	1,575	3,280	108·3	...	3,321	62	43	18·67	12·95	·60	...	·30	1·50	145·2	
ASHBOURNE	E. A. Sadler, M.D.	621	4,059	4,220	4,507	6·8	...	4,473	77	66	17·21	14·75	·44	·22	·44	·67	64·9	
BAKEWELL	C. W. Evans, M.B.	3,061	3,078	3,064	3,012	..	1·7	2,968	42	28	14·15	9·43	...	...	67	·33	71·4
BASLOW	T. Fentem, M.D.	5,634	858	866	854	...	1·4	836	9	17	10·76	20·33	...	...	...	1·20	111·1
BELPER	R. C. Allen, M.R.C.S., D.P.H.	3,183	11,640	12,324	13,023	5·7	...	13,150	206	158	15·66	12·01	·15	...	·83	1·29	53·4	
BOLSOVER	W. Stratton, L.R.C.P.I.	4,955	11,214	11,475	11,811	2·9	...	11,900	232	107	19·50	8·99	·17	...	·42	1·84	86·2	
BONSALL	C. W. Sparkes, M.R.C.S., L.R.C.P. ...	2,447	1,248	1,167	1,173	0·5	...	1,173	21	17	17·90	14·49	...	...	...	1·70	190·5
BRAMPTON AND WALTON	R. A. McCrea, M.B.	9,002	2,059	2,316	2,323	0·3	...	2,328	40	24	17·18	10·31	...	...	·43	1·30	50·0
BUXTON (Borough) ...	T. B. Flint, M.R.C.S.	3,111	13,760	15,641	15,353	...	1·8	14,930	211	162	14·13	10·85	·33	·13	·53	1·07	37·9	
CHESTERFIELD (Borough)	J. A. Stirling, M.B., D.P.H.	8,472	55,309	61,232	64,146	4·8	...	64,480	1,115	736	17·29	11·41	·17	·08	·54	1·78	87·0	
CLAY CROSS	N. R. Sparrow, L.R.C.P.I.	1,467	8,365	8,686	8,493	...	2·2	8,579	187	105	21·79	12·24	·23	·11	·58	2·79	64·1	
DRONFIELD	O. H. Hudson, M.R.C.S.	1,045	3,943	4,434	4,530	2·2	...	4,538	62	42	13·66	9·25	·22	...	·22	·22	16·1	
GLOSSOP (Borough) ...	E. H. M. Milligan, M.D., D.P.H. ...	3,052	21,688	20,531	19,510	...	5·0	19,710	230	297	11·68	15·07	·30	...	·55	1·37	47·8	
HEAGE	R. C. Allen, M.R.C.S., D.P.H.	2,367	3,474	3,740	4,054	8·4	...	4,082	69	43	16·90	10·53	...	...	·49	1·22	57·9
HEANOR	W. H. Turton, M.B.	3,509	19,851	21,436	22,385	4·4	...	22,600	389	238	17·21	10·53	·26	·13	·57	1·28	59·1	
ILKESTON (Borough) ...	H. L. Barker, M.D., M.R.C.S., D.P.H. ...	2,526	31,657	32,266	32,809	1·7	...	33,200	598	388	18·01	11·68	·33	·27	·36	1·74	68·5	
LONG EATON	J. Moir, M.B.	3,323	19,207	22,149	22,339	0·9	...	22,710	318	219	14·00	9·64	·08	·04	·57	·83	50·3	
MATLOCKS	H. Fleming, M.B.	7,001	10,343	10,545	10,599	0·5	...	10,020	135	136	13·47	13·57	·20	...	·39	1·29	59·2	
NEW MILLS	G. B. Pemberton, M.B., D.P.H.	5,204	8,998	8,490	8,551	0·7	...	8,620	103	106	11·95	12·29	·11	·11	·58	1·27	58·2	
NORTH DARLEY	C. R. Wills, M.B., Ch.B.	5,142	3,317	3,264	4,093	25·4	...	4,324	88	42	20·35	9·71	...	...	·46	·46	34·1
RIPLEY	R. A. Ryan, L.R.C.P.I.	2,815	11,848	13,292	13,415	0·9	...	13,530	194	147	14·34	10·86	·07	...	·51	1·33	51·5	
SOUTH DARLEY	J. L. Fletcher, M.B.	2,008	809	740	731	...	1·2	735	13	16	17·69	21·77	2·72	2·72	...	...	153·8
SWADLINCOTE	S. T. Cochrane, M.D., D.P.H.	3,670	18,674	20,012	20,305	1·5	..	20,520	325	224	15·84	10·91	·43	·14	·38	1·65	61·5	
WIRKSWORTH	W. S. G. Christie, M.B., Ch.B.	3,026	3,888	3,610	3,911	8·3	...	3,913	73	48	18·66	12·27	·25	...	·76	1·27	68·4	
TOTAL		92,588	289,731	307,547	316,440	2·9	...	318,000	5,177	3,644	16·28	11·46	·23	·09	·48	1·43	67·8	

Table IIa.

COUNTY OF DERBY.

Year ending December 31st, 1931.

Table giving the Birth Rates and the Death Rates from several causes, in each of the RURAL Sanitary Districts of the County.

RURAL SANITARY DISTRICT.	MEDICAL OFFICER OF HEALTH.	AREA in Acres (Land and Water).	POPULATION.						BIRTHS.	DEATHS.	ANNUAL RATES PER 1,000 OF ESTIMATED POPULATION.						
			Census 1911.	Census 1921.	Census 1931.	Censal Increase or Decrease, 1921—1931. (Percentage)		Estimated Pop'lotion 1931.			Birth Rate.	Death Rate.	Zymotic Death Rate.	DeathRate from con- tinued Fevers and Diarrheal Diseases (under 2 yrs.	Phthisis Death Rate.	Respiratory Death Rate.	Infantile Death Rate per 1,000 Births.
						Increase.	Decrease.										
ASHBOURNE	H. H. Hollick, M.R.C.S.	70,331	10,294	10,291	10,349	0·6	...	10,340	178	113	17·21	10·93	·19	·09	·48	·58	61·8
BAKEWELL	T. Fentem, M.D.	81,053	18,461	18,655	18,428	...	1·2	18,280	286	217	15·64	11·87	·27	·05	·11	·65	31·4
BASFORD	W. H. Parkinson, M.D., D.P.H.	3,569	1,450	1,481	1,861	25·7	...	1,849	32	17	17·30	9·19	...	...	1·08	1·08	125·0
BELPER	R. Morrison, L.R.C.P. & S.	50,152	23,586	23,441	24,972	6·5	...	25,080	352	245	14·03	9·76	·16	·12	·24	1·11	53·9
BLACKWELL	A. H. Wear, M.B., B.S., D.P.H.	21,239	39,306	41,880	42,691	1·9	...	43,080	871	486	20·21	11·28	·39	·18	·46	1·83	72·3
CHAPEL-EN-LE-FRITH	G. Cochrane, M.B., D.P.H.	79,996	16,935	16,144	17,758	10·0	...	17,760	258	176	14·52	9·91	·11	·05	·11	·78	50·3
CHESTERFIELD	J. R. Graham, M.B., Ch.B., D.P.H.	68,064	71,653	76,143	82,530	8·4	...	83,260	1,598	873	19·19	10·48	·35	·12	·36	1·53	69·4
CLOWN	A. H. Wear, M.B., B.S., D.P.H.	13,429	17,844	17,506	17,717	1·2	...	17,870	344	183	19·25	10·24	·39	·11	·44	1·84	110·5
GLOSSOP DALE	E. H. M. Milligan, M.D., D.P.H.	17,891	4,009	3,780	3,966	4·9	...	3,963	34	56	8·57	14·13	...	...	·25	2·27	88·2
HARTSHORNE AND SEALS	R. W. Logan, M.R.C.S.	11,479	7,939	8,598	8,602	0·0	...	8,676	130	99	14·98	11·41	...	...	·46	·92	38·4
HAYFIELD	G. B. Pemberton, M.B., D.P.H.	10,282	5,170	4,520	4,305	...	4·8	4,233	59	61	13·94	14·41	...	..	·47	1·41	118·6
NORTON	D. Green, M.B., F.R.C.S.	7,298	3,919	4,622	6,585	42·5	...	6,550	65	66	9·92	10·07	...	...	·15	·61	61·5
REPTON	J. A. Watt, M.B., D.P.H.	54,275	16,133	16,500	18,178	10·2	...	18,600	263	197	14·14	10·59	·05	...	·21	1·34	68·4
SHARDLOW	S. Hunt, M.R.C.S.	41,758	30,900	29,638	38,084	28·5	...	38,420	657	388	17·10	10·10	·15	·07	·41	·72	57·8
SUDBURY	G. H. Herbert, M.R.C.S.	17,297	2,683	2,537	2,460	...	3·0	2,539	42	34	16·54	13·39	...	...	·39	·39	95·2
RURAL DISTRICTS		548,113	270,282	275,736	298,486	8·3	...	300,500	5,169	3,211	17·20	10·68	·24	·09	·34	1·27	67·1
URBAN DISTRICTS		92,588	289,731	307,547	316,440	2·9	...	318,000	5,177	3,644	16·28	11·46	·24	·09	·48	1·43	67·7
WHOLE COUNTY		640,701	560,013	583,283	614,926	5·4	...	618,500	10,346	6,855	16·72	11·08	·24	·09	·41	1·36	67·4

females, shewing legitimate and illegitimate separately, are as follows :—

	<i>Legitimate.</i>		<i>Illegitimate.</i>		<i>Total.</i>		<i>Total.</i>
	<i>Males.</i>	<i>Females</i>	<i>Males.</i>	<i>Females.</i>	<i>Males.</i>	<i>Females.</i>	
Live Births	5,139	4,823	189	195	5,328	5,018	10,346
Still Births	270	187	16	16	286	203	489

Deaths.—6,855 deaths occurred during the year, giving a death rate of 11·08 per thousand of the population, as compared with 10·15, the rate for the previous year.

Zymotic Diseases.—The Zymotic Death Rate for the year was 0·24 per thousand of the population, as compared with 0·34, the rate for 1930. The Zymotic Death Rate for the year under review is the lowest yet recorded in Derbyshire.

NURSING IN THE HOME.

General.—General nursing in the homes of the people is carried out over the greater part of the County through the agencies of District Nursing Associations, the majority of which are affiliated with the Derby County Nursing Association. These affiliated Associations number 79 and employ 98 nurses (30 Queen's Nurses and 68 District Nurse Midwives). I have no accurate information as to the number of Associations not affiliated to the Derby County Nursing Association.

Under Section 101 of the Local Government Act, 1929, the County Nursing Association receives a Grant of £1,400 per annum for the financial year ended March, 1932. The County Council are under an obligation to pay this Grant till the end of the financial year 1934. The Grant is made with a recommendation that the County Nursing Association should allocate the money partly towards the administrative expenses of the County Nursing Association, partly for the training of midwives and providing post-graduate courses for them, and for the greater part as Grants to District Nursing Associations providing midwifery and maternity services, the object of the Grant largely being to assist in the maintenance of a midwife in districts where normally it would not be possible for a midwife to exist in private practice, such for instance as in sparsely populated agricultural rural areas.

The County Council has arrangements with the Derby County Nursing Association for the nursing of bedridden cases of tuberculosis in their own homes. During the year 1931, this service was provided in twelve instances.

Midwives.—During 1931, seven midwives received subsidies ranging from £15 to £50 per annum. On December 31st, 1931, the number of subsidised midwives was seven.

The total number of midwives practising in the area at the end of 1931 was 300. Further particulars of the midwifery service is given under the heading of Maternity and Child Welfare, on page 35 of this Report.

HEALTH EDUCATION.

Health Week.—Health Week for Derbyshire was held from October 4th to 10th, 1931, during National Health Week. The Derbyshire Health Week Committee is composed of representatives of practically all the voluntary organisations, as well as of representatives of the Derbyshire Education Committee, the County Council and the Boroughs, Urban and Rural Councils throughout the County. In addition, the following bodies co-operate with the Health Week Committee to give emphasis to the teaching of cleanliness, dieting, sanitation, ventilation and the cultivation of proper habits —

- The Royal Sanitary Institute.
- The Central Council for Health Education.
- The Health and Cleanliness Council.
- The Dental Board of the United Kingdom.
- The Empire Marketing Board.
- The National Milk Publicity Council.
- The Mutual Property Insurance Co., Ltd.
- The Food Education Society.
- The Fruit Trades Federations.
- The National Baby Week Council.

During Health Week, special addresses were given in all the day schools by the teaching staff, the school doctors, dentists, health visitors and medical practitioners. In addition, about 35,000 children from 236 schools attended picture houses where health films were shewn.

Lectures were arranged by the Red Cross Society. Films and lantern slides were shewn in picture houses in the evenings, and a considerable quantity of literature was distributed to the schools, Women's Institutes, etc.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

LOCAL GOVERNMENT ACT, 1929.

Section 5 (1).—No essential alterations have been made during the year in the arrangements for the discharge of the medical services transferred to the County Council under the provisions of this Act.

Section 13.—This Section places upon the County Council the obligation in discharge of the functions transferred to the County Council under Part I. of the Act to consult a Committee representative of governing bodies of medical and surgical staffs of voluntary hospitals when making provision for hospital accommodation in or for the benefit of the County.

The voluntary hospitals formed a representative Committee whilst the County Council appointed a special Hospital Accommodation Sub-Committee representing the various Committees of the County Council to whom it falls to provide hospital accommodation. These two Committees met at the Derbyshire Royal Infirmary on February 11th, 1932. It was then recognised that at one meeting concrete schemes could not be formulated, and the meeting largely consisted of an address by myself, in which I explained the powers of the County Council with regard to the provision of hospital accommodation for the sick within their area, and then, having stressed the point that the views which I was going to place before the Committee were my own personal views and must not be taken as committing the County Council, proceeded to visualise broadly what I considered a feasible scheme for the provision of hospital accommodation within the County. To anyone who has read my Annual Reports of the last two years, my ideas on this subject should be clear, and my proposals at the meeting were largely a reiteration of what I said in those reports, and I need say no more here than to re-state my opinion that there is no need for competition between voluntary and municipal hospitals—there is ample work for both to do, and, with a broad outlook of the problems on both sides, there should be no difficulty in developing a comprehensive hospital system which would provide accommodation for the acute and chronic sick, the aged and the infirm. In forming our conclusions in this very difficult subject, we must not forget the needs of the sick, and particularly the chronic sick, who are apt to be overlooked: nor must we forget the value of the great traditions behind the voluntary hospitals, an under-estimation of which would be disastrous.

Arrangements, however, have been made for the effective co-operation of the medical staff of other services in the County, particularly specialised services, to be available to the Public Assistance Committee in discharge of their duties for the treatment of the sick in Public Assistance Institutions. In this way the services of the County gynaecological and obstetric, orthopædic, aural, ophthalmic specialist officers are available for consultation with the medical officers of Public Assistance Institutions, whilst the X-Ray plants in various parts of the County for the purpose of the Tuberculosis Committee are also available for Public Assistance cases.

PUBLIC ASSISTANCE INSTITUTIONS.

The following Table gives information regarding the accommodation provided at the Public Assistance Institutions within the County and the extent to which they were used during 1931 :—

TABLE III.

PUBLIC ASSISTANCE INSTITUTIONS.

Name of Institution.	Total No. of beds. *	Average no. of beds occupied.	Admissions.	Discharges.	Deaths.	Length of Stay.		
						4 weeks or less.	4—13 weeks.	over 13 weeks.
Ashbourne	43	33	67	42	18	31	15	14
Bakewell	83	50	230	175	52	164	31	32
Belper	124	110	200	112	60	20	52	100
Chapel	79	59	150	118	19	94	36	1
Chesterfield	207	142	817	615	194	404	323	82
Glossop	75	65	63	52	31	10	31	42
Hayfield	37	34	51	43	8	28	14	9
Shardlow	95	72	165	96	72	—	—	168
Total	743	565	1743	1253	454	751	502	448

* Excluding cots in maternity wards.

Poor Law Medical Out-Relief.—The following amendments have been made to the list of Medical Out-Relief Districts and the District Medical Officers of Health, as given on pages 17-28 of the Annual Report for 1930 :—

<i>Area.</i>	<i>District.</i>	<i>Parishes.</i>	<i>District Medical Officer.</i>
Mid-Derbyshire	No. 4	Alfreton	Dr. O. R. Allison, Greenhill Lane, Riddings, Alfreton (Vice Dr. W. A. Warters)
	No. 9	Denby Horsley Horsley Woodhouse Mapperley Morley Smalley	Dr. C. M. O'Brien, "Dunadea," Horsley Woodhouse (Vice Dr. F. R. Howse)
South-Eastern	No. 1	Ilkeston Shipley	Dr. F. B. Sudbury. Galtee House, Ilkeston (Vice Dr. W. R. Paton)
Searsdale	No. 1	Beighton	Dr. A. R. Fordyce, The Beeches, Beighton (Vice Dr. J. Fairbrother)
	No. 10	Clay Lane Egston Stretton Woodthorpe	Dr. A. F. R. Pooler, Stonebroom (Vice Dr. T. F. Wilson)
	No. 16	Pilsley North Wingfield (part)	Dr. O. H. Bullock, Pilsley, Nr. Chesterfield (Vice Dr. J. Alexander)

VOLUNTARY HOSPITALS.

TABLE IV.

	DERBYSHIRE ROYAL INFIRMARY, DERBY.	CHESTERFIELD AND NORTH DERBYSHIRE ROYAL HOSPITAL.	DEVONSHIRE HOSPITAL, BUXTON.	ILKESTON HOSPITAL.	BUXTON AND DISTRICT HOSPITAL.	DERBYSHIRE HOSPITAL FOR WOMEN, DERBY.	DERBYSHIRE HOSPITAL FOR SICK CHILDREN, DERBY.	QUEEN VICTORIA MEMORIAL HOME OF REST.	HEANOR, LANGLEY MILL AND DISTRICT MEMORIAL HOSPITAL.	WIRKSWORTH COTTAGE HOSPITAL.	ASHBOURNE COTTAGE HOSPITAL (VICTORIA MEMORIAL)	BAKEWELL AND DISTRICT WAR MEMORIAL COTTAGE HOSPITAL.	WOOD'S HOSPITAL AND PARTINTON HOME, GLOSSOP.
Buildings, etc. erected ...	Founded 1810. Rebuilt 1894-1924.	1859. Extended from time to time until 1923.	1881.	1894.	1912-24-29.	1928-29.	1882.	1929.	1919-23	?	1904-12.	1922.	1888.
*Class of Case dealt with...	a, b, c, d, e, f, g.	a, b, c, d, e, f	Rheumatic cases only.	a, b, d, f.	a, b, c, d, e, f.	a, d.	a, b, c, e, f.	g.	a, b.	a, b.	a, b.	a, b.	a, b, c, d, e, f, g.
Beds available—M. ...	151	98	150	22	13	—	—	8	10	7	4	3	8
—F. ...	140	64	150	32	12	54	—	24	8	5	4 (+ 2 private beds.)	6 (+ 1 private)	8
—C. ...	47	28	—	8	10	4	52	—	—	3	2	—	—
—Total ...	338	190	300	62	35	58	52	32	18	15	12	10	16
Paying Patients received	Yes.	No.	No.	Yes.	Yes.	Yes.	No.	Yes.	Yes.	Yes.	Yes.	Yes.	Yes.
Out-Patients' Department	Yes.	Yes.	Yes.	Yes.	No.	Yes.	Yes.	No.	Yes.	Yes.	No.	No.	No.
Method of Admission ...	Sub's recommend'n.	Sub's recommend'n.	Sub's recommend'n or I.P. £5/5/- per week. O.P. £1/11/6 per week.	?	Varying charges. Nil to 35/- per week.	As per Rule.	Sub's recommend'n.	By arrangement.	On Doctor's recommendation.	Varying charges. Nil to £1 per week.	Area qualification. Pay according to means.	Sub's recommend'n and payment from 5/- per week upwards.	Dr's recommend'n. Varying payments according to means.
†Special Facilities...	1, 2, 3, 4, 5, 6, 7.	1, 2, 3, 4, 5, 6, 7.	1, 2, 3, 5, 6, 7.	1, 2, 3, 5, 6, 7.	2, 3, 5.	1, 2, 3, 4, 5.	2, 3, 5, 6, 7.	Nil.	3, 7.	Nil.	Nil.	2	3, 6
Ambulance ...	Town and Red Cross.	Town and Collieries.	Town.	Town and Colliery.	Town.	Town and Red Cross.	Town and Red Cross.	Town and Red Cross.	—	No.	No.	No.	Town.
Honorary Staff ...	3 Phys. 4 Surg. 2 Ortho. Surg. 1 Patho. 1 Gynæc. 2 Dental Surgeons.	2 Phys. 4 Surg. 1 Ophth. 1 Aural. 5 Anæst. 1 Path. 1 Radiologist. 1 Ortho. 2 Dental Surg.	11 Phys. 1 Surg. 1 Ophth. 2 Dental Surgs. 1 Med. Registrar.	3 Phys. 3 Surgs. 1 Dental Surg.	12	6	3 Phys. 3 Surgs. 1 Aural. 1 Ophth. 1 Anæsth.	2	6 Phys. 3 Surg.	4 Doctors visit.	4 Doctors visit.	8 Doctors visit (all local).	All Med. Practitioners in Borough visit. 1 Gen. Surg. 1 Gynæc. 1 Orth. Surg. 2 Anæsth.
Resident Staff (Medical) ...	6	5	2	Nil.	Nil.	1	1	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.
Other paid Medical Staff ...	1 V.D. Surg. 1 Radiologist. 4 Anæsthetists.	Nil.	1 Patho. 1 Bio-chemist. 1 Radiologist. 1 Massage Teacher.	Nil.	Patient's own doctor attends.	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.
Nursing Staff ...	120	70	37	14	12	17	26	9	5	6	4	4	9

*—a—Medical.
b—Surgical.
c—Orthopædic.
d—Gynæcological.
e—Ophthalmic.
f—Ears, Throat and Nose.
g—Others.

†1—Bact. and Path. Exams.
2—Post Mortem Exams.
3—X-Ray.
4—Radium (Radium Institute Supply).
5—Massage.
6—Orthopædic.
7—Electrical.

Institutional Treatment for the Care of Mentally Defectives.—Full particulars were given in my Annual Report for 1930, page 51, and there is nothing further to add to this.

VOLUNTARY HOSPITALS.

I am unaware of any important change in the hospital services within the County during the year 1931. The Table giving details with reference to the various voluntary hospitals in the County has been brought up to date, and is again included in this Report.

OTHER VOLUNTARY HOSPITALS OR MATERNITY HOMES IN THE COUNTY.

<i>Name of Hospital.</i>	<i>No. of Beds.</i>
Ilkeston Maternity Home	9
Whitworth Hospital, Darley Dale ...	14
Heanor Maternity Home	8

HOSPITALS OUTSIDE THE COUNTY BOUNDARY, BUT AVAILABLE FOR DERBYSHIRE CASES.

Sheffield Royal Infirmary.
 Sheffield Royal Hospital.
 Jessop Hospital for Women, Sheffield.
 Mansfield District Hospital.
 St. Mary's Hospital, Manchester.
 Royal Infirmary, Manchester.
 Stockport Infirmary.
 Burton upon Trent General Infirmary.

The hospital services for Derbyshire, whether situated within or without the County, were set out fully in the Annual Report for 1930.

ISOLATION HOSPITALS.

Particulars of each of the Isolation Hospitals within the County are set out in Table V.

TABLE VI.—Cases of Infectious Diseases notified within the following Hospital Districts and removed to Hospital.

North Derbyshire Hospital District.

DISTRICT.	Estimated Population, 1931.	SMALL- POX.		SCARLET FEVER.		DIPHTH- ERIA.		ENTERIC FEVER.		TOTALS.	
		No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.
Bolsover U. ...	11900	—	—	19	16	6	6	1	1	26	23
Clay Cross U. ...	8579	—	—	10	9	7	6	—	—	17	15
Dronfield U. ...	4538	—	—	4	4	2	2	—	—	6	6
Blackwell R. ...	43080	1	1	103	90	47	45	—	—	151	136
Chesterfield R. ...	83260	72	72	204	150	150	143	10	4	436	369
Clowne R. ...	17870	—	—	39	35	8	8	—	—	47	43
Norton R. ...	6550	—	—	16	9	1	1	2	2	19	12
TOTALS ...	175777	73	73	395	313	221	211	13	7	702	604

Chesterfield Hospital District.

Brampton and Walton U. ...	2328	—	—	2	—	—	—	—	—	2	—
Chesterfield (Boro') ...	6440	120	120	106	87	39	36	5	1	270	244
TOTALS ...	66808	120	120	108	87	39	36	5	1	272	244

Belper Hospital District.

Alfreton U....	21360	48	48	28	8	11	1	1	—	88	57
Belper U. ...	13150	—	—	3	3	1	1	—	—	4	4
Heage U. ...	4082	—	—	—	—	1	1	—	—	1	1
Ripley U. ...	13530	—	—	17	13	—	—	1	1	18	14
Wirksworth U. ...	3913	—	—	5	3	4	4	—	—	9	7
Belper R. ...	25080	2	1	20	10	3	1	—	—	25	12
TOTALS ...	81115	50	49	73	37	20	8	2	1	145	95

Ilkeston Hospital District.

Ilkeston Boro' ...	33200	—	—	17	16	1	1	—	—	18	17
--------------------	-------	---	---	----	----	---	---	---	---	----	----

Shardlow Hospital District.

Alvaston and Boulton U. ...	3321	—	—	9	7	1	—	—	—	10	7
Long Eaton U. ...	22710	—	—	74	62	3	3	—	—	77	65
Shardlow R. ...	38420	—	—	54	35	35	29	1	1	90	65
TOTALS ...	64451	—	—	137	104	39	32	1	1	177	137

No.	Name	Age	Sex	Occupation	Marital Status	Religion	Education	Social Class	Date of Birth	Date of Death	Cause of Death	Duration of Illness	Place of Death	Place of Burial	Remarks
1	John Smith	45	M	Farmer	Married	Anglican	Elementary	Working Class	1850	1900	Heart Disease	5 Years	Home	St. Mary's Church	
2	Mary Jones	30	F	Domestic	Single	Anglican	Elementary	Working Class	1870	1900	Tuberculosis	3 Years	Home	St. Mary's Church	
3	Robert Brown	55	M	Shopkeeper	Married	Anglican	Elementary	Working Class	1845	1900	Stroke	1 Week	Home	St. Mary's Church	
4	Elizabeth White	60	F	Retired	Married	Anglican	Elementary	Working Class	1840	1900	Old Age	10 Years	Home	St. Mary's Church	
5	William Black	25	M	Labourer	Single	Anglican	Elementary	Working Class	1875	1900	Pneumonia	2 Weeks	Home	St. Mary's Church	
6	Anna Green	40	F	Domestic	Married	Anglican	Elementary	Working Class	1860	1900	Heart Disease	4 Years	Home	St. Mary's Church	
7	James Hall	35	M	Labourer	Single	Anglican	Elementary	Working Class	1865	1900	Tuberculosis	3 Years	Home	St. Mary's Church	
8	Charlotte King	50	F	Domestic	Married	Anglican	Elementary	Working Class	1850	1900	Stroke	1 Week	Home	St. Mary's Church	
9	Thomas Lee	65	M	Retired	Married	Anglican	Elementary	Working Class	1835	1900	Old Age	10 Years	Home	St. Mary's Church	
10	Isabella Clark	20	F	Labourer	Single	Anglican	Elementary	Working Class	1880	1900	Pneumonia	2 Weeks	Home	St. Mary's Church	

STATISTICAL INFORMATION RELATING TO ISOLATION HOSPITAL COMMITTEES APPLYING FOR A GRANT.

Year ended March 31st, 1931.

TABLE V.

Name of Hospital.	Belper.	Penmore.	Dronfield.	Mastin Moor.	Morton.	Langwith.	High Peak.	Shardlow.	Repton.	Ilkeston.	Haddon.	
Total Number of Beds in Hospital	36	59	34	35	35	33	46	50	36	25	37	
Number of beds on which Grant is based	18	30	18	18	18	24	14	18	10	10	16	
Population of Hospital District	81,115	66,808	175,777				34,576	64,451	24,001	33,200	38,336	
Cases Admitted during year ended March 31st, 1931 :—												
Smallpox	9	—	—	—	—	—	—	—	—	—	—	
Scarlet Fever	118	175	44	131	169	108	58	171	115	46	46	
Diphtheria	103	100	23	89	132	11	14	72	18	5	41	
Typhoid Fever	2	4	1	—	2	1	—	—	2	—	1	
Other Diseases	3	4	7	—	—	7	4	—	—	—	—	
TOTAL	235	283	75	220	303	127	76	243	135	51	88	
Average number of patients in Hospital each day	25·0	27·5	6·6	19·7	16·4	13·5	9·32	23	13·2	5·64	8·12	
Permanent Staff residing in Hospital	12	20	9	10	14	10	9	20	6	6	10	
Non-resident Staff in addition to Clerk and Doctor	3	6	1	1	2	1	3	1	2	1	1	
Average number of days each case in Hospital	34·0	—	29·0	33·7	18·2	33·7	46	32	35·5	32·09	34	
SUMMARY OF EXPENDITURE :—												
	Cost.	Average Cost per patient per week.	Cost.	Average Cost per patient per week.	Cost.	Average Cost per patient per week.	Cost.	Average Cost per patient per week.	Cost.	Average Cost per patient per week.	Cost.	Average Cost per patient per week.
	£	£ s. d.	£	£ s. d.	£	£ s. d.	£	£ s. d.	£	£ s. d.	£	£ s. d.
1. Provisions	843	13 0	914	12 9	235	13 9	348	6 9	476	11 2	419	11 11
2. Drugs and Medical Appliances	178	2 9	197	2 9	191	11 2	194	3 9	183	4 3	201	5 9
3. Furniture, Linen, &c.	477	7 4	2,031	1 8 5	173	10 1	128	2 5	226	5 4	211	6 0
4. Fuel	427	6 7	468	6 7	106	6 2	135	2 7	201	4 8	129	3 8
5. Salaries	1,393	1 1 5	2,200	1 10 9	787	2 6 0	757	15 0	1,008	1 3 8	798	1 2 9
6. Administration	307	4 8	294	4 1	231	13 6	248	4 10	293	6 10	216	6 2
7. Renewals and Repairs	573	8 9	—	—	122	7 1	8	2	731	17 2	74	2 1
8. Loans—Repayment and Interest	—	—	856	12 0	368	1 1 6	376	7 4	457	10 9	484	13 9
9. Transport	644	9 11	—	—	33	1 11	20	5	24	7	23	8
10. Miscellaneous	16	3	—	—	—	—	—	—	—	—	—	—
TOTALS	4,858	3 14 8	6,960	4 17 4	2,246	6 11 2	2,214	2 3 3	3,599	4 4 5	2,555	3 12 9
Provisions (Patients and Staff) per head per week	8 9	7 4	5 9	4 6	6 0	6 10	7 3	10 6	5 9	9 0	7 11	
Name of Medical Superintendent	R. C. Allen	J. A. Stirling.	H. Peck				N. Kennedy		C. H. Latham	J. A. Watt	H. L. Barker.	T. Fentem.
Name of Clerk	G. Pym	J. L. Feather.	W. E. Wakorley				W. B. Bunting		J. Spencer	H. S. Askew	E. Godfrey.	A. Hawes.
Grant due in accordance with Reports of Council, April 17th, 1907, and July 7th, 1920.	300 0 0	476 5 0	1,167 6 0				232 19 9		300 0 0	180 0 0	143 9 2	258 3 9

* New Motor Ambulance.

W. M. ASH.
JOHN HUNT.

Repton Hospital District.

DISTRICT.	Estimated Population. 1931.	SMALL- POX.		SCARLET FEVER.		DIPHTH- ERIA		ENTERIC FEVER.		TOTALS.	
		No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.
Ashbourne R. (certain Parishes)	2862	—	—	5	3	17	13	—	—	22	16
Repton R. ...	18600	—	—	36	26	19	14	2	1	57	41
Sudbury R. ...	2539	—	—	3	2	—	—	—	—	3	2
TOTALS ...	24001	—	—	44	31	36	27	2	1	82	59

Haddon Hospital District.

Bakewell U. ...	2968	—	—	2	2	1	1	—	—	3	3
Baslow U. ...	836	—	—	—	—	—	—	—	—	—	—
Bonsall U. ...	1173	—	—	—	—	1	—	—	—	1	—
Matlocks U. ...	10020	—	—	4	3	14	6	2	2	20	11
North Darley U. ...	4324	—	—	3	1	5	4	—	—	8	5
South Darley U. ...	735	—	—	—	—	—	—	—	—	—	—
Bakewell R. ...	18280	—	—	18	16	40	39	—	—	58	55
TOTALS ...	38336	—	—	27	22	61	50	2	2	90	74

High Peak Hospital District.

New Mills U. ...	8620	—	—	8	5	7	5	—	—	15	10
Chapel R. ...	17760	—	—	34	31	15	14	1	1	50	46
Glossop Dale R. ...	3963	—	—	3	—	2	—	—	—	5	—
Hayfield R. ...	4233	—	—	15	8	2	1	—	—	17	9
TOTALS ...	34576	—	—	60	44	26	20	1	1	87	65

Buxton Hospital District.

Buxton (Boro') ...	14930	—	—	23	20	2	1	—	—	25	21
--------------------	-------	---	---	----	----	---	---	---	---	----	----

MATERNITY HOMES.

The County Council provide a Maternity Home at Ashbourne, and have contracted with the Chesterfield Corporation for the use of four beds at the Chesterfield Maternity Home, with the Nightingale Home, Derby, for the use of two beds, with the Women's Hospital, Derby, and with the Wirksworth Cottage Hospital.

The Maternity Home at Ripley, which had provided accommodation for some 180 cases per annum, was closed in June, 1931, on account of the unsuitability of the premises for further use as a maternity home. No alternative accommodation has been acquired at the time of writing.

Ashbourne.—During the year 1931, 149 cases were admitted to this Home. Of these, 141 were delivered by midwives and 7 by doctors.

During the financial year ended March 31st, 1932, the number of patients admitted to this Home was 134, the percentage of beds occupied being 59·1. The gross cost during that year was £1,695 (including £525 for repayment of loan and interest and other capital charges). The sum of £647 was received as fees from patients, leaving a net cost to the County Council of £1,048.

Ripley.—During the period from January 1st, 1931, until the date of its closure, 41 patients were admitted to this Home. Of these, 29 were delivered by midwives and 11 by doctors.

From April 1st, 1931, to June 15th, 1931, the number of admissions to the Home was 19.

Chesterfield.—During the year 1931, 168 cases were admitted to this Home from the County, of whom 62 were normal cases paying the full fee.

Nightingale Home.—During the year 1931, 4 cases were admitted to this Home from the County area, under the agreement between the County Council and the Authorities of the Home.

With the exception of the Nightingale Home, each of the above-mentioned Homes provides accommodation for unmarried mothers, but for the first confinement only. For subsequent confinements the unmarried mother can be provided with accommodation at most of the Public Assistance Institutions.

Womens' Hospital, Derby.—During 1931, 11 cases were admitted, 10 of which were cases of Puerperal Fever.

Wirksworth Cottage Hospital.—45 cases were admitted to this Hospital during the calendar year 1931. During the year ended March 31st, 1932, 47 cases were admitted to the Hospital, and 15 were treated in the district. Of the 47 cases in the Hospital, 35 were delivered by midwives and 12 by doctors: of the other 15, 12 were delivered by midwives and 3 by doctors. The cost to the County Council was £31.

Public Assistance Institutions.

The following Table shews the number of beds at each of the Public Assistance Institutions and the number of cases accommodated in them during 1931 :—

<i>Institution.</i>	<i>Beds.</i>	<i>Cases admitted.</i>	<i>Average stay.</i>	<i>Cases delivered.</i>		<i>Occasions Medical Aid sought.</i>
				<i>Drs.</i>	<i>Midwives.</i>	
Ashbourne	2	3	14 days	—	2	—
Bakewell	3	17	10 „	6	9	—
Belper	3	10	21 „	3	7	3
Chapel-en-le-Frith	2	9	14 „	1	8	5
Chesterfield	24	61	14 „	6	55	12
Glossop	2	—	14 „	—	—	—
Hayfield	2	3	24 „	1	2	—
Shardlow	6	6	21 „	—	6	—
TOTALS	44	109	—	17	89	20

TUBERCULOSIS HOSPITALS.

Four hospitals for the accommodation of cases of tuberculosis are maintained by the County Council, namely :—

1. Walton Sanatorium.
2. Penmore Pavilion.
3. Bretby Hall Orthopædic Hospital.
4. Whitworth Hospital.

At Walton Sanatorium, accommodation is provided for 124 patients, *i.e.*, 74 beds for males and 50 for females, with an additional ten shelter beds for use during the summer time.

The Pavilion at Penmore provides accommodation for 14 females suffering from advanced pulmonary tuberculosis, with four additional shelter beds for use during the summer time.

Bretby Hall has 55 beds for surgical tuberculosis in children and 32 beds for adult patients of both sexes suffering from surgical tuberculosis.

The accommodation for tuberculosis cases at Whitworth Hospital consists of a detached block of six beds for the accommodation of males suffering from advanced pulmonary tuberculosis.

Further information concerning the work at these Institutions during the year will be found on pages 92–126.

ORTHOPÆDIC HOSPITALS.

Reference to Table IV. shows the Voluntary Hospitals in the County with orthopædic departments.

The County Council has its own Orthopædic Hospital at Bretby Hall, where, in addition to orthopædic cases of a tuberculous nature, there is accommodation for 50 orthopædic cases of non-tubercular origin.

Run in conjunction with Bretby Hall and functioning in the capacity of out-patient departments are nine orthopædic clinics: which are under the charge of the resident medical superintendent at Bretby. A list of these is given on pages 52-53 of the last Annual Report, but the following amendment should be made to the list:—

Bakewell and Belper Clinics closed.

A Clinic opened at Dean Hill House, Matlock, every Tuesday, 9.30 to 12.30 and 2.0 to 4.0 p.m. The orthopædic surgeon attends on the first Tuesday in each month.

PUERPERAL FEVER AND PUERPERAL PYREXIA HOSPITAL ACCOMMODATION.

Full particulars of the County Council's arrangements under the Puerperal Fever and Puerperal Pyrexia Regulations, 1926, for the treatment of these conditions were set out in the Annual Report for 1930, pages 54 and 62-64.

OPHTHALMIA NEONATORUM HOSPITAL ACCOMMODATION.

Beds are available as required for the accommodation of the mother as well as the child at the Derbyshire Royal Infirmary, Derby.

MENTAL DEFICIENCY INSTITUTIONS.

The County Council have one small block in connection with the Glossop Public Assistance Institution, certified by the Board of Control for the accommodation of nine males and twelve females, whilst the Chesterfield Public Assistance Institution is certified for the reception of one female case. This accommodation is always fully occupied. Apart from this the County Council provide accommodation by contracting with certified institutions not belonging to the County Council, in which, at the end of 1931, there were accommodated for the Council 43 males and 138 females.*

* Whilst this Report was going to print, the County Council decided to purchase Makeney House, near Belper, as an Institution for high-grade mentally defective females. This property should accommodate about 80 cases.

VENEREAL DISEASES CLINICS.

The County Council maintain Venereal Diseases Clinics at the Chesterfield and North Derbyshire Royal Hospital and the Derbyshire Royal Infirmary, Derby. The number of beds provided for in-patient treatment of the disease at these two Institutions is as follows:—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Chesterfield & North Derbyshire			
Royal Hospital	1	1	2
Derbyshire Royal Infirmary ...	2	2	4

Clinics are held at these Institutions at the following times:—

TABLE VII.

	<i>Males.</i>	<i>Females.</i>
Chesterfield & North	Tuesdays,	Tuesdays,
Derbyshire Royal Hospital	4.30 to 6.30	2 to 4.
	Fridays,	Fridays,
	2.30 to 4.30	11 to 12.30
Derbyshire Royal Infirmary,	Mondays,	Mondays,
London Road, Derby	6 to 8.	3 to 5.
	Wednesdays,	Thursdays,
	6 to 8.	6 to 8.
	Saturdays,	
	2 to 4.	

The number of new cases attending the Venereal Diseases Centres during the year 1930, and the diseases for which they required treatment are as follows:—

TABLE VIII.

<i>Disease.</i>	<i>Burton.</i>	<i>Chester- field.</i>	<i>Derby.</i>	<i>Notting- ham.</i>	<i>Stock- port.</i>	<i>Total.</i>
Syphilis	5	57	42	7	1	112
Gonorrhœa	7	168	138	57	3	373
Soft Chancre	1	1	1	1	—	4
Total	13	226	181	65	4	489

This total of 489 compares with 461 for last year.

The details of the cost of the scheme are as follows :—

TABLE IX.

<i>Treatment—</i>							£
Out-Patients	...	...	...	...	...	...	2,507
In-Patients	...	...	...	...	...	...	297
Salvarsan Substitutes, Drugs, etc.	...	...	...	...	...	...	373
Travelling Expenses—Doctor	...	...	...	...	...	...	36
„ „ Patients	...	...	...	...	...	...	75
Printing, Postages, etc.	...	...	...	...	...	...	15
<i>Other Services—</i>							
Propaganda	...	...	...	...	...	...	93
Pathological Examinations	...	...	...	...	...	...	662
Gross cost							4,058
Receipts for Pathological work done for other							
Authorities	...	...	...	...	...	...	300
Nett cost							£3,758

The cost per attendance, including both in-patients and out-patients, at Chesterfield, Derby, and Nottingham worked out as follows :—

			s.	d.
Chesterfield	...	...	2	0
Derby	...	...	2	8
Nottingham	...	...	1	11

During 1931 the number of specimens submitted by the General Practitioners was 1,709, whilst in 1930, 1929, 1928, 1927, and 1926 the number of specimens submitted were respectively 1,613, 1,629, 1,545, 1,423, and 1,480.

Details of the examinations made during 1931 are as follows :—

TABLE X.

<i>Origin of Specimen.</i>	<i>Spirochaetes.</i>		<i>Wassermanns</i>			<i>Gonococci.</i>		<i>Other Examinations.</i>	
	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>	<i>Doubt'l</i>	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>
Derbyshire } Derby Borough } Burton-on-Trent }	—	1	226	1204	31	54	188	3	2

Sixteen medical practitioners possessing the necessary qualification and experience are entitled to receive free supplies of salvarsan and salvarsan substitutes for use within the County. These drugs are kept at the Central Office and issued as required. During the year 1931 a total of 318 doses were supplied as follows:—

Doses.	Novarseno- billion.	Sulfarsenol.	Neo- Salvarsan.	Tryparsa- mide.	Total.
0.10 gm....	6	—	—	—	6
0.12 gm....	—	6	—	—	6
0.15 gm....	6	—	6	—	12
0.18 gm....	—	7	—	—	7
0.20 gm....	5	—	—	—	5
0.24 gm....	—	4	—	—	4
0.30 gm....	76	14	6	—	96
0.45 gm....	75	—	6	—	81
0.60 gm....	53	—	—	—	53
2.00 gm....	—	—	—	24	24
3.00 gm....	—	—	—	24	24
Totals...	221	31	18	48	318
	—	—	—	—	—

BACTERIOLOGICAL LABORATORY FACILITIES.

There have been no changes during the year in the Bacteriological Laboratory arrangements except the following in the Scale of Charges which was set out on page 30 of the Annual Report for 1930:—

Bacterial Count and B. Coli } 4s. 6d., both in and outside
content in milk, etc. } County (instead of 5s.).

During the year, 13,967 bacteriological examinations were made at the County Laboratory, compared with 16,989 in the previous year. The following Table shows the origin of the specimens:—

TABLE XI.

Medical Practitioners ...	...	...	...	...	3,610
School Medical Staff ...	...	...	...	...	457
Dispensary Staff ...	...	...	...	...	1,321
Hospitals (Isolation and others)	...	...	...	...	2,981
Venereal Diseases ...	...	...	...	...	2,710
Hairs for Ringworm ...	...	...	...	...	108
Examinations under Superannuation Act	...	...	...	...	42

Local Authorities:—

Milk Inoculations. Tuberculosis Order.	...	...	533
Milk Inoculations. Ordinary Routine Samples	...	...	395
Milk for Bacterial Count and Bacillus Coli	...	...	504
Milk, Direct Examinations. Tuberculosis Order	...	...	353

Outside Authorities :—

Milk Inoculations. Derby Borough	...	...	180
Milk for Bacterial Count and Bacillus Coli. Derby Borough	...	...	476
Miscellaneous. Derby City Hospital	...	...	87
Examinations for which a fee is paid	...	...	84
Miscellaneous. Derby Borough	...	...	126
Total			<u>13,967</u>

The number of specimens sent in by Medical Practitioners from the Urban Districts was 5·58 per thousand of the population, and in the Rural Districts it was 6·10, the figure for the whole County being 5·83 per thousand of the population.

TABLE XII.—Bacteriological Specimens Examined.

Districts.	Population.	No of Specimens sent.	Rate per 1,000.
URBAN.			
Alfreton	21,360	64	2.99
Alvaston & Boulton	3,321	45	13.55
Ashbourne	4,473	30	6.70
Bakewell	2,968	29	9.76
Baslow	836	5	5.98
Belper	13,150	71	5.39
Bolsover	11,900	62	5.21
Bonsall	1,173	5	4.26
Brampton & Walton	2,328	11	4.72
Buxton (Boro')	14,930	79	5.29
Chesterfield (Boro')	64,480	254	3.93
Clay Cross	8,579	54	6.29
Dronfield	4,538	16	3.52
Glossop (Boro')	19,710	339	17.19
Heage	4,082	30	7.34
Heanor	22,600	95	4.20
Ilkeston (Boro')	33,200	79	2.37
Long Eaton	22,710	115	5.06
Matlocks	10,020	64	6.38
New Mills	8,620	62	7.19
North Darley	4,324	16	3.69
Ripley	13,530	37	2.73
South Darley	735	3	4.08
Swadlincote	20,520	120	5.84
Wirksworth	3,913	90	23.00
<i>Urban Districts</i>	318,000	1,775	5.58
RURAL.			
Ashbourne	10,340	112	10.83
Bakewell	18,280	153	8.36
Basford	1,849	2	1.08
Belper	25,080	194	7.73
Blackwell	43,080	288	6.68
Chapel-en-le-Frith	17,760	60	3.37
Chesterfield	83,260	269	3.23
Clowne	17,870	104	5.81
Glossop Dale	3,963	4	1.01
Hartshorne & Seals	8,676	66	7.60
Hayfield	4,233	29	6.84
Norton	6,550	27	4.12
Repton	18,600	182	9.78
Shardlow	38,420	339	8.82
Sudbury	2,539	6	2.36
<i>Rural Districts</i>	300,500	1,835	6.10
<i>Urban Districts</i>	318,000	1,775	5.58
WHOLE COUNTY	618,500	3,610	5.83

TABLE XIII—Specimens received from Medical Practitioners during 1931.

Districts.	Enteric Fever.		Diphtheria.		Phthisis.		Miscellaneous		Total	
	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
URBAN.										
Alfreton .. ..	..	..	5	12	3	34	8	2	16	48
Alvaston & Boulton ..	..	4	2	18	2	15	3	1	7	38
Ashbourne .. ..	..	..	1	10	1	13	3	2	5	25
Bakewell .. ..	..	..	1	7	4	10	5	2	10	19
Baslow .. ..	..	..	..	3	..	1	1	..	1	4
Belper	2	9	..	7	6	36	5	6	13	58
Bolsover	2	11	3	24	2	14	5	1	12	50
Bonsall .. ..	..	..	..	1	..	1	3	..	3	2
Brampton & Walton ..	..	7	..	1	..	3	..	..	..	11
Buxton (Boro') .. ..	..	6	6	32	5	16	6	8	17	62
Chesterfield (Boro') ..	1	17	6	88	25	78	23	16	55	199
Clay Cross .. ..	..	..	7	21	2	22	1	1	10	44
Dronfield .. ..	..	..	..	3	..	12	1	..	1	15
Glossop (Boro') .. ..	..	8	7	286	4	24	2	8	13	326
Heage	1	7	1	6	1	14	..	..	3	27
Heanor	2	2	4	9	6	52	9	11	21	74
Ilkeston (Boro') .. ..	..	..	..	14	17	41	4	3	21	58
Long Eaton .. ..	..	8	1	21	5	68	6	6	12	103
Matlock	3	5	7	30	2	10	1	6	13	51
New Mills .. ..	..	..	4	34	5	17	1	1	10	52
North Darley .. ..	..	..	1	10	1	2	2	..	4	12
Ripley .. ..	..	..	..	2	4	22	2	7	6	31
South Darley .. ..	..	..	..	2	..	..	1	..	1	2
Swadlincote	4	8	5	31	5	65	1	1	15	105
Wirksworth	1	3	2	24	3	23	9	25	15	75
<i>Urban Districts</i>	16	95	63	696	103	593	102	107	284	1491
RURAL.										
Ashbourne .. ..	..	..	18	68	2	17	7	..	27	85
Bakewell .. ..	..	4	24	85	4	24	9	3	37	116
Basford .. ..	..	..	..	..	..	1	..	1	..	2
Belper .. ..	..	12	2	41	6	47	59	27	67	127
Blackwell .. ..	..	..	30	114	20	102	16	6	66	222
Chapel-en-le-Frith ..	2	6	1	17	2	26	4	2	9	51
Chesterfield	7	19	11	97	17	105	8	5	43	226
Clowne .. ..	..	..	2	45	1	54	1	1	4	100
Glossop Dale .. ..	..	..	1	..	..	1	1	1	2	2
Hartshorne & Seals ..	..	..	6	26	2	28	4	..	12	54
Hayfield .. ..	..	4	..	13	2	8	1	1	3	26
Norton	2	13	..	2	1	9	..	..	3	24
Repton .. ..	..	11	11	77	2	42	27	12	40	142
Shardlow .. ..	..	4	31	170	22	67	36	9	89	250
Sudbury .. ..	..	..	..	2	..	1	3	..	3	3
<i>Rural Districts</i> ..	11	73	137	757	81	532	176	68	405	1430
<i>Urban Districts</i> ..	16	95	63	696	103	593	102	107	284	1491
<i>Whole County</i> ..	27	168	200	1453	184	1125	278	175	689	2921

TABLE XIV.—Specimens received from Hospitals, 1931.

Hospital.	Enteric Fever.		Diphtheria.		Phthisis.		Miscellaneous.		Total.	
	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
Belper	2	4	46	316	..	..	..	2	48	322
Buxton .. ..	..	..	1	5	..	..	..	..	1	5
North Dorbyshire Royal Hospital..	13	54	..	2	..	..	2	3	15	59
Draycott .. ..	..	..	52	147	..	..	..	..	52	147
Dronfield	4	4	25	49	..	..	4	8	33	61
Etwall .. ..	..	..	24	129	..	..	..	..	24	129
Gamesley	2	10	21	194	..	..	1	4	24	208
High Peak .. ..	..	3	42	83	..	..	..	4	42	90
Haddon .. ..	..	..	79	316	..	..	1	1	80	317
Ilkeston Sanatorium..	..	..	2	9	..	..	..	..	2	9
Langwith .. ..	..	..	6	54	..	..	3	13	9	67
Mastin Moor .. ..	..	..	99	258	..	..	..	..	99	258
Morton	8	7	67	522	..	..	11	15	86	544
Penmore .. ..	..	4	27	215	..	..	..	4	27	223
Totals	29	86	491	2299	..	..	22	54	542	2439

Venereal Diseases Specimens.

TABLE XV.

The following Table shows the number of specimens sent in under the V.D. Scheme for Examination during the year 1931 :—

Blood for Wassermann reaction	...	...	...	2,401
Pus for Gonococci	...	...	...	297
Serum for Spirochætes	...	...	...	3
Cerebro-Spinal Fluid for Acetic Anhydride Test	...	...	...	2
do. do. Cell Count	...	...	...	4
do. do. Globulin	...	...	...	3
Total	...	...	...	2,710

TABLE XVI.

The following Table shows the number of Specimens received from the Dispensaries and Sanatoria during 1931 :—

Dispensary or Institution.	Sputa.		Miscellaneous.		Total.
	Pos.	Neg.	Pos.	Neg.	
Ashbourne	6	20	2	..	28
Burton-on-Trent ..	14	157	3	2	176
Chesterfield	34	104	3	3	144
Chinley	26	77	8	11	122
Derby	36	137	4	4	181
Glossop	21	61	6	2	90
Ilkeston	41	180	6	2	229
Long Eaton	25	83	..	..	108
Matlocks	20	63	11	8	102
Penmore Pavilion ..	1	..	2	1	4
Derbyshire Sanatorium	1	4	28	21	54
Bretby Hall .. ..	..	4	30	35	69
Whitworth Hospital ..	12	2	..	..	14
Totals	237	892	103	89	1321

TABLE XVII.

School Specimens.—The following is a list of the School Specimens received during the year 1931.

			Pos.		Neg.
Swabs for Diphtheria	..	..	7	..	114
Hair for Ringworm	..	..	87	..	81
Miscellaneous	..	..	24	..	144
			118		339
Total	..	..	457		

Tubercle in Milk.

During the year 1108 samples of milk were examined for the presence of tubercle bacilli by animal inoculation. 138 samples, or 12.45 per cent. were found to contain tubercle bacilli. The 1108 samples included 180 from Derby Borough. It should be explained that some of these samples were taken in the process of detecting the offending animal in a herd from which a mixed milk has already been found to contain Tubercle Bacilli.

During 1931, 490 samples of milk were submitted for bacterial count. Of this number 364 came within the limits of Grade "A" milk.

The following Table gives details of the examinations :—

TABLE XVIII.

	Up to 10,000.	Over 10,000 and up to 20,000.	Over 20,000 and up to 50,000.	Over 50,000 and up to 100,000.	Over 100,000 and up to 200,000.	Over 200,000 and up to 1,000,000	Over 1,000,000.	Uncount- able.
No. of Tests (Total 490)	98	55	95	57	59	86	39	1
Highest Bacterial Count	10,000	20,000	50,000	100,000	200,000	992,000	9,740,000	—
Lowest Bacterial Count	290	11,000	21,000	51,000	102,000	204,000	1,008,000	—
Average Bacterial Count	5,701	15,005	32,013	73,824	136,576	467,616	2,516,076	—

Limit of Bacterial Content for Grade "A" Milk.

MILK EXAMINED FOR BACILLUS COLI.

Dilution.	Positive.	Negative.	Total.	Percentage with B. Coli
0.01 e.e.	...	150	340	30

Grade "A" Milk must be produced and treated under such conditions that a sample taken at any time before delivery to the consumer shall not contain more than 200,000 bacteria per c.c., nor any B. Coli in $\frac{1}{100}$ c.c.

AMBULANCE FACILITIES.

(a) FOR INFECTIOUS CASES.—Ambulances for the conveyance of patients suffering from infectious diseases are provided in connection with the isolation hospitals; details are given in the Annual Report for 1930, pages 38 and 39.

(b) FOR NON-INFECTIOUS AND ACCIDENT CASES.—The following Table gives the places at which ambulances are available in the County :—

TABLE XIX.

<i>Police Division.</i>	<i>Place where kept.</i>	<i>Telephone No.</i>	<i>Detailed Particulars of Ambulance.</i>
ALFRETON.	Morton.	Clay Cross 35.	Stonebroom and Morton Red Cross Ambulance is a Ford 22 H.P. 1927 model which will accommodate two stretchers.
ASHBOURNE.	Sudbury.	Sudbury 1.	Sudbury Red Cross Ambulance is a Ford make, and has accommodation for two stretchers.
	Ashbourne.	Ashbourne 58.	One 24 H.P. Ford to carry two patients.
BAKEWELL AND MATLOCK.	Bakewell.	Bakewell 4 or 70.	Bakewell Red Cross Ambulance is a Ford make and has accommodation for two stretchers.
	Matlock.	Matlock 1 or 7.	Matlock Red Cross Ambulance is a Ford make. It is constructed to carry one stretcher case and attendants, and has every modern convenience.
BUXTON.	Buxton.	Buxton 76.	Buxton Red Cross Ambulance is a 23 H.P. Austin, which has accommodation inside for two stretcher patients and two sitting patients in addition to the attendant. There is also room for a sitting patient beside the driver.
CHAPEL-EN-LE-FRITH.	New Mills.	New Mills 154 or 48.	New Mills Red Cross Ambulance is a 25 H.P. Daimler, 1926 model which will accommodate two stretcher cases and three sitting cases.
	Glossop.	Glossop 57.	Glossop Borough Police Ambulance is a 20 H.P. Austin, 1924 model which will accommodate two stretcher cases and four sitting cases.
CHESTERFIELD.	Chesterfield.	Chesterfield 2222.	Chesterfield Borough Police Ambulance is a 21-H.P. Wolseley and has accommodation for two stretcher cases, assistants and passengers. It is fitted with every modern convenience.
	Bolsover.	Bolsover 5.	The Bolsover Urban District Council Ambulance is a 15-H.P. Morris Commercial. It is fitted with two stretchers and has accommodation for assistant and passengers. This is a new and up-to-date ambulance.

<i>Police Division.</i>	<i>Place where kept.</i>	<i>Telephone No.</i>	<i>Detailed Particulars of Ambulance.</i>
DERBY AND BELPER.	Derby.	Derby 1.	Derby Borough Fire Station Ambulance is a 22-H.P Ford. which carries two stretcher cases.
	Derby.	Derby 967.	Red Cross Society's Ambulance kept at the Midland Drapery Company, Derby, is a 14.9 H.P. Morris Commercial which has accommodation for one stretcher patient, but could carry two in an emergency.
	Long Eaton.	Long Eaton 21.	The Long Eaton Urban District Council Ambulances are (1) 20-H.P. Armstrong Siddeley with accommodation for two stretcher cases. (2) 22-H.P. Chevrolet which has accommodation for three stretcher cases.
	Spondon.	Spondon 2200.	The British Celanese Company's Ambulance is a 22-H.P. Morris with accommodation for two stretcher cases.
	Nottingham.	Nottingham 41541	Nottingham Corporation 3 25-H.P. Talbots to carry 3 patients each. One 31-H.P. Daimler to carry 5 patients.
ECKINGTON.	Creswell.	Creswell 8.	Creswell Red Cross Ambulance is a 25-H.P. Ford with accommodation for one stretcher case, two sitting cases and attendant.
	Worksop.	Worksop 128.	The Worksop St. John ambulances are— (1) 24-H.P. Sunbeam which will accommodate two stretcher cases or eight sitting cases and attendant. (2) 22-H.P. Studebaker with similar accommodation to No. 1.
	Sheffield.	Sheffield 23221.	Sheffield Corporation have three 21-H.P. Morris Commercial Ambulances. Each ambulance has accommodation for two stretchers, or one stretcher and four sitting cases, or eight sitting cases.
	Dronfield.	Dronfield 26 and 12.	Dronfield Urban District Council Ambulance is a 30-H.P. Hudson, with accommodation for one stretcher case and attendant or four sitting cases.
	Creswell.	Creswell 14.	Messrs. T. and A. Gilbert's Ambulance is a 23-H.P. Overland which will accommodate two lying cases and attendant or one lying and two sitting cases with attendant.

<i>Police Division.</i>	<i>Place where kept.</i>	<i>Telephone No.</i>	<i>Detailed Particulars of Ambulance.</i>
ILKESTON.	Ilkeston.	Ilkeston 161.	Ilkeston Red Cross Ambulance is a Ford make with accommodation for two stretchers.
	Ripley.		The Ripley Urban District Council Ambulance is horse drawn.
REPTON AND GRESLEY.	Swadlincote.	Swadlincote 10 or 92.	The Swadlincote Urban District Council have a horse-drawn ambulance which will accommodate four sitting and two stretcher cases.
REPTON AND GRESLEY.	Gresley.	Swadlincote 133.	Gresley Colliery Ambulance (Red Cross Society) is a 20-H.P. G.M.C. with accommodation for eight sitting and four stretcher cases.
	Burton.	Burton 1.	Burton Corporation Ambulance is an 18-H.P. Guy with accommodation for two stretcher cases and four or five sitting cases. It is equipped with all modern appliances.
RIPLEY.	Ripley.	Ripley 60.	Britain Colliery Ambulance is a 28-H.P. Buick with accommodation for two stretcher cases, and is available when not required for colliery cases.

MATERNITY AND CHILD WELFARE.

MIDWIVES ACTS, 1902—1926.

Number of Midwives.—At the end of 1931 there were 300 midwives on the County Roll. 251 were trained midwives and of these, 73 were District Nurse-Midwives.

The following changes of midwives took place during the year.

Deaths of Midwives	...	...	...	...	4
No. of trained midwives who have left the County, of whom 9 were District Nurse-Midwives	...	...	...	...	28
No. who have done temporary duty for District nurses	...	...	...	...	22
No. of new Midwives enrolled	...	...	...	...	23

Deaths following Child-Birth.—During 1931, information was received concerning 52 women who died following child-birth. The causes of death were as follows:—

Puerperal Fever	...	...	...	...	14
Toxæmia	...	...	...	...	8
Kidney Conditions	...	...	...	...	5
Hæmorrhage	...	...	...	...	3
Cardiac Conditions	...	...	...	...	9
Pulmonary Embolism	...	...	...	...	2
Respiratory Conditions	...	...	...	...	6
Various	...	...	...	...	5

f these deaths, 35 occurred in hospitals or maternity homes.

Records Received.—The following Table gives the records received, the cases of Puerperal Fever and Puerperal Pyrexia in the practice of midwives only, and all cases of Ophthalmia Neonatorum, whether in the practice of doctors or midwives, with the corresponding figures for previous years :—

	1924	1925	1926	1927	1928	1929	1930	1931
<i>Records received—</i>								
Medical Help ..	1353	1414	1565	1575	1675	1856	1918	1645
Still Births ..	158	178	127	126	136	160	140	146
Deaths of Children ...	30	32	26	36	34	46	59	48
Deaths of Mothers ...	3	2	2	1	2	9	7	3
Laying-out the Dead	21	15	14	13	21	15	22	31
Liability to be a source of infection	53	44	45	59	38	107	130	84
Notification of Artifi- cial Feeding (within 10 days)	108	85	96	73	80	84	116	126
<i>Puerperal Fever—</i>								
Midwives' cases ...	22	19	25	12	13	21	20	17
<i>Puerperal Pyrexia—</i>								
Midwives' cases	...	...	15	34	26	46	44	36
<i>Ophthalmia Neonatorum</i>								
ALL Cases	67	47	53	66	57	56	65	46

The following is an analysis of the 1,645 Medical Help records received during 1931 :—

Abortion or Miscarriage	...	92
Varicose Veins	...	5
Ante-partum Hæmorrhage	...	62
Deformed Pelvis	...	4
Discharge during Pregnancy	...	5
Organic Disease	...	9
Toxæmia	...	68
Retarded Labour	...	373
Abnormal Presentation	...	87
Retained Placenta	...	62
Lacerated Perinæum	...	359
Still Births	...	21
Post-partum Hæmorrhage	...	36
Rise of Temperature	...	62
White Leg	...	1
Inflammation of the Breast...	...	6
Fits or Convulsions in Mother	...	1
Convulsions in Infant...	...	12
Puerperal Insanity	...	1
Prolapse of Cord	...	6
Prolapse of Uterus	...	4
Injuries or Malformations	...	32
Dangerous feebleness	...	65
Eyes, discharging, etc.	...	65
Skin Eruption	...	4
Navel	...	2
Miscellaneous	...	201

Inspections made.

Inspection Forms marked " Good "	...	537
" " " " Satisfactory "	...	61
" " " " Indifferent "	...	22
" " " " Bad "	...	3
No. of other inspections and visits	...	256
No. of Midwives out	... ..	300
Total	...	1,179

Midwives suspended from practice for being in contact with :—

Puerperal Fever	...	...	...	...	1
Puerperal Pyrexia	...	...	...	...	17
Pemphigus Neonatorum	...	...	...	...	2
Scarlet Fever	...	...	...	...	1
Diphtheria	...	...	...	...	2
Ophthalmia Neonatorum	...	...	...	...	1
Cellulitis (Midwife suffering from)	...	...	...	...	1
					25

Special Letters of Warning.—Eight special letters of warning were sent to midwives in the County for breaking the rules of the Central Midwives Board.

Puerperal Fever.—The following table shews the number of cases of Puerperal Fever which occurred in the practice of midwives during 1931 :—

	Number of Midwives.	Number of Confinements.	Puerperal Fever Cases.	Cases per 1,000 Births.
Bona-fide Midwives	49	860	1	1·16
Trained Midwives, including District Nurse-Midwives	251	5245	16	3·05
	300	6105	17	2·78

Puerperal Fever and Puerperal Pyrexia.—The following table shews the total number of cases of Puerperal Fever and Puerperal

Pyrexia notified to me during the year 1931 and the case rate from each of these diseases per 1,000 births :—

	<i>Whole County.</i>		<i>M.C.W. Area.</i>	
Number of births	...	10,346		8,192
<i>Disease.</i>	<i>No. of Cases.</i>		<i>Case rate per 1,000 births.</i>	
	<i>Whole County.</i>	<i>M.C.W. Area.</i>	<i>Whole County.</i>	<i>M.C.W. Area.</i>
Puerperal Fever ...	30	26	2·87	3·17
Puerperal Pyrexia...	66	61	6·37	7·44

The number of cases admitted to hospitals under the County Council Puerperal Fever and Puerperal Pyrexia Scheme during 1931 was as follows :—

Derbyshire Royal Infirmary	...	...	11
Jessop Hospital for Women	...	...	7
Burton upon Trent General Infirmary	...	—	—
High Peak Isolation Hospital	...	—	—
Victoria Hospital, Worksop	...	1	1
Derbyshire Hospital for Women	...	10	10

A Consultant's opinion was requested in 9 cases, and was immediately provided.

Consultants.—The names of the Consultants and the Centres from which they work appear at the beginning of this Report under the heading "Public Health Staff."

Ophthalmia Neonatorum.—The incidence of Ophthalmia Neonatorum during the year and the results of treatment are set out in the following table :—

<i>Notified.</i>	<i>Cases Treated.</i>		<i>Vision unimpaired</i>	<i>Vision impaired.</i>	<i>Total Blindness.</i>	<i>No. of Deaths.</i>
	<i>At Home.</i>	<i>In Hospital.</i>				
46	31	15	38	4	—	4

TABLE XX.
NUMBER OF CALLS FOR MEDICAL AID AND AMOUNT PAID IN CLAIMS.

Year.	Births in whole County.	Cases attended by Midwives.	Medical Help summoned	Percentage of Medical calls.	Claims Received	Claims Paid.	Amount Paid.	Amount Received.	Net Cost.
							£ s. d.	£ s. d.	£ s. d.
1915	13,791	10,514	704	6.69	—	—	—	—	—
1916	13,109	10,139	818	8.07	—	—	—	—	—
1917	11,831	9,130	764	8.37	—	—	—	—	—
1918	12,103	9,321	793	8.51	—	—	—	—	—
1919	11,838	9,512	889	9.34	—	—	—	—	—
1920	15,572	12,222	1,250	10.20	—	131	249 0 0	38 0 0	211 0 0
1921	14,417	10,950	1,249	11.40	—	138	238 0 0	84 0 0	154 0 0
1922	13,095	10,168	1,229	12.10	—	141	267 0 0	66 0 0	201 0 0
1923	12,681	9,867	1,240	12.50	202	181	325 18 0	59 2 6	266 15 6
1924	12,615	9,199	1,353	14.70	250	233	366 5 6	95 1 6	271 4 0
1925	12,491	9,408	1,414	15.03	286	265	440 0 0	212 0 0	228 0 0
1926	11,845	8,058	1,565	19.42	518	281	466 16 0	217 0 0	249 16 0
1927	11,194	7,523	1,575	20.93	610	486	758 14 3	144 11 0	614 3 3
1928	11,112	7,892	1,675	21.22	679	572	918 5 6	254 15 3	663 10 3
1929	10,394	6,692	1,856	27.73	986	642	1,012 5 9	243 1 9	769 4 0
*1930	10,562	6,883	1,918	27.86	953	947	1,459 12 3	321 3 0	1,138 9 3
1931	9,231	6,105	1,645	26.94	776	920	1,453 16 9	554 14 0	899 2 9
						737	1,274 0 0	478 0 0	796 0 0

*—In September, 1930, the Borough of Chesterfield became a Local Supervising Authority and after that date the figures do not include those for the Borough of Chesterfield.

N.B.—The figures on the left-hand side of the Table refer to the Calendar years ending December 31st, whilst the figures on the right-hand side refer to the financial years ending in the following March.

Maternal Mortality.—The maternal mortality rate for the County (excluding the Borough of Chesterfield) for the year 1931 was 4·55 per thousand births.

The following Table gives the Maternal Mortality rate in the County since 1916 :—

TABLE XXI.

Year	Deaths from Puerperal Fever.	Rate per 1000 Births	Deaths from other accidents and Diseases of Pregnancy & Parturition	Rate per 1000 Births.	Total.	Rate per 1000 Births	No. of Births.
1916	19	1·45	45	3·43	64	4·88	13,109
1917	14	1·18	33	2·79	47	3·97	11,831
1918	10	·82	27	2·23	37	3·05	12,103
1919	15	1·26	40	3·38	55	4·64	11,838
1920	22	1·41	45	2·89	67	4·30	15,572
1921	12	·83	33	2·29	45	3·12	14,417
1922	17	1·30	35	2·67	52	3·97	13,095
1923	18	1·42	46	3·62	64	5·04	12,681
1924	17	1·34	32	2·53	49	3·87	12,615
1925	17	1·36	31	2·48	48	3·84	12,491
1926	18	1·52	36	3·04	54	4·56	11,845
1927	16	1·43	40	3·57	56	5·00	11,194
1928	21	1·89	27	2·43	48	4·32	11,112
1929	18	1·73	21	2·02	39	3·75	10,394
1930	18	1·70	26	2·46	44	4·16	10,562
1931	18	1·95	24	2·60	42	4·55	9,231

As the Corporation of Chesterfield became the Local Supervising Authority for their own area in 1930, the figures for this Borough are not included since then.

Compensation to Midwives.—During the year 1931, four claims were received for compensation to midwives for loss of practice during suspension, and the amount paid was £5 15s. 6d.

Payment of Doctors' Fees under Section 14(1) of the Midwives Act.—In respect of the financial year ended March 31st, 1932, 776 claims were received from medical practitioners. Of these 737 were passed for payment amounting to £1,274 the remainder being disallowed as not complying with the conditions laid down by the Midwives Acts and the Ministry of Health or being cancelled by doctors previous to payment. Amount refunded for the same period totalled £478.

Provision of Free Milk.—In respect of the financial year ended March 31st, 1932, 167 applications for free milk were received. Of these 7 were not granted. The expenditure was £51 2s. 0d. for fresh milk and £10 for dried milk.

NURSING HOMES REGISTRATION ACT.

During the year 1931, four applications for registration of premises were received. One was refused on account of unsuitability of premises, one was refused on account of unsuitability of staff; two were granted. The keepers of the two which were granted had applied for the registration of fresh premises.

At the end of 1931 there were 14 Homes on the County Register, as follows :—

General Nursing Homes	...	...	...	4
Maternity Homes	...	...	...	6
Mixed General and Maternity Homes	...			4

MEDICAL TREATMENT OF CHILDREN UNDER FIVE YEARS OF AGE.

There is available for children coming within the scope of the Child Welfare Committee, the treatment of minor ailments, ear, nose and throat conditions, eye conditions, dental conditions and orthopædic treatment for both in-patients and out-patients—the in-patients being treated at Bretby Hall Orthopædic Hospital.

The number of children coming for such treatment during the year 1931 was as follows :—

Ear, nose and throat conditions	...	...	...	199
Eye conditions	...	...	...	60
Dental conditions	...	...	...	1,129
Orthopædic treatment—				
In-Patients	...	...	...	38
Out-Patients	...	...	...	193

INFANT LIFE PROTECTION.

Under the scheme for the supervision of infants under seven years of age who are received for reward, there were 85 children on the register on December 31, 1931, and 331 visits were paid by the Health Visitors to them during the year. In four cases where the conditions were unsatisfactory we were successful in securing other accommodation.

BOARDED-OUT CHILDREN.

The supervision of boarded-out children is being carried out on behalf of the Public Assistance Committee by the Maternity and Child Welfare staff. Except in the sparsely populated north-west area of the County, where the work is done by the Health Visitors, the service is in the hands of the Regional Inspectors of Midwives. In this connection, 1,066 visits have been paid to 100 children.

HEALTH VISITING IN THE HOMES.

A summary of the work done by the Health Visitors during 1931 will be found in Table XLIII., pages 128–129.

CLINICS AND TREATMENT CENTRES.

The Maternity and Child Welfare area of the County Council comprises the whole of the Administrative County, with the exception of the four Boroughs—Buxton, Chesterfield, Glossop, and Ilkeston—and the scheme provides 48 Centres, 18 in Urban Districts and 30 in Rural Districts. Most of the Centres are under the supervision of a doctor and a health visitor is in attendance at each session.

Details of these Centres are set out in the following Table :—

TABLE XXII.

INFANT WELFARE CENTRES.

Address.	Frequency of Sessions.	Day and time of Meeting.	Average Attendance per Session.		No. Attended for First Time.		Present arrangements for medical supervision.
			Expectant Mothers	Children.	Expectant Mothers.	Children.	
ALBAN DISTRICTS.							
ALFRETON.							
Wesleyan Church, Somercotes	Fortnightly	2nd and 4th Mons., 2—4.30	Nil	56.28	Nil	107	Weighing Centre
School Clinic, Grange St., Alfreton	Weekly	Wednesday, 2—5	0.02	38.32	Nil	157	Dr. Pooler, Weekly
Congregational Assembly Room, Riddings	Fortnightly	1st & 3rd Mons., 2—4	Nil	38.38	Nil	73	Dr. Pooler, Fortnightly
HIBBOURNE.							
St. John's Rooms	Weekly	Wednesday, 12—4	1.41	33.11	27	155	Dr. Pierce, Fortnightly
LAKEWELL.							
The Square	Do.	Thursday, 2—4	0.28	22.87	3	42	Dr. Bryan, Fortnightly
ELPER.							
Green Hall	Do.	Thursday, 2—4	0.02	40.72	Nil	165	Dr. Purce, Monthly (1st)
BOLSOVER.							
Bainbridge Hall, New Bolsover	Fortnightly	2nd & 4th Thurs., 2.30—5	0.18	20.04	1	45	Dr. Pooler, Fortnightly
LAY CROSS.							
The Vicarage	Weekly	Tuesday, 1.30—4	0.55	39.76	9	149	Dr. Pooler, Weekly
ROSEFIELD.							
Cong. Chapel	Do.	Monday, 1—4	Nil	24.20	Nil	50	Dr. Burke, Monthly (1st)
LEANOR.							
School Clinic	Do.	Monday, 1—4	0.38	61.28	8	258	Dr. Macdonald, Weekly
LONG EATON.							
4, Notts. Road	Twice Weekly	Mon. & Thurs., 2.30—4	0.02	65.54	1	299	Dr. Hendry, Mondays
Wes. Schoolroom, Victoria Street, Sawley	Fortnightly	2nd & 4th Tuesdays, 2—4	Nil	21.81	Nil	25	Weighing Centre
LATHLOCK.							
*Dean Hill House	Weekly	Thursdays, 2—4.30	0.21	26.27	5	208	Dr. Wilkes, Fortnightly (2nd & 4th)
NEW MILLS.							
St. James' Schoolroom	Do.	Thursdays, 2—4	Nil	26.56	Nil	72	Dr. Pemberton Fortnightly
WIMPLEY.							
Old Schools, Outram Street	Do.	Monday, 10—4	0.17	90.06	3	160	Dr. Popham, (1st & 3rd)
Bethel Chapel, Marehay.	Do.	Thursdays, 10—12	1.72	49.78	14	79	Dr. Popham, (2nd)
WADLINCOTE.							
Alexandra Road	Do.	Monday, 2—6	0.37	36.68	18	190	Dr. Cochrane, Monthly
WIRKSWORTH.							
Parish Room	Do.	Thursday, 2—4.30	Nil	22.98	Nil	78	Dr. Popham, Fortnightly

* Opened March, 1931.

Address	Frequency of Sessions.	Day and time of Meeting.	Average Attendance per Session.		No. Attended for First Time.		Present arrangement for medical supervision.
			Expectant Mothers	Children.	Expectant Mothers	Children.	
RURAL DISTRICTS.							
BAKEWELL.							
Wesleyan Hall, Tideswell	Fortnightly	1st & 3rd Thursdays, 1—5	0·91	24·08	5	37	Dr. Bryan, Fortnightly
Village Hall, Youlgreave	Do.	2nd & 4th Wednesdays, 2—4	Nil	8·50	Nil	20	Weighing Centre
BELPER.							
Parish Room, Duffield	Weekly	Monday, 2—4	0·06	19·92	Nil	24	Weighing Centre
BLACKWELL.							
Cliff House, Shirebrook	Do.	Wednesday, 2—4	0·10	50·21	2	207	Dr. Wear, Weekly
Pleasley. Primitive Methodist Chapel.	Fortnightly	2nd & 4th Thursdays, 2—4.30	0·46	37·00	3	39	Dr. Wear, Fortnightly
Langwith. Miners' Institute.	Do.	1st & 3rd Mon., 3—5	0·70	63·00	4	55	Do.
Tibshelf. Church Room.	Do.	1st & 3rd Ths., 2.30—4.30	Nil	21·09	Nil	37	Do.
Blackwell. Newton, Council School.	Do.	1st & 3rd Mon., 3.30—5	Nil	30·70	Nil	45	Do.
Hillstown. Miners' Welfare Inst.	Do.	2nd & 4th Mon., 1—5	0·21	32·63	1	21	Do.
Pinxton. Prim. Meth. School,	Do.	2nd and 4th Wednesdays 11.0—1.0	Nil	22·43	Nil	83	Do.
South Normanton. Mount Tabor Chapel	Do.	2nd & 4th Tues. 1.30—4	Nil	30·87	Nil	114	Do.
CHAPEL-EN-LE-FRITH.							
Chinley. *School Clinie	Do.	2nd & 4th Thursdays, 2—4	—	—	—	—	Weighing Centre
CHESTERFIELD.							
Eckington. Wesleyan Schoolroom	Weekly	Mon., 1 to 4	0·14	34·89	6	81	Dr. Morris, 1st & 3rd
Barrowhill. Church Hall	Do.	Mon., 2—4 2nd & 4th	0·25	38·31	2	127	Dr. Burke, 3rd
Unstone. Wesleyan Church	Do	Tues., 2—4	Nil	12·16	Nil	46	Weighing Centre
Staveley. P.M. Chapel	Do.	Tuesday, 1.30—4.30	0·02	44·85	Nil	183	Dr. Burke, 1st & 3rd
Heath. Holmwood Mission Room	Do.	Monday 2.30—4.30	0·06	21·73	1	43	Dr. McMillan, 1st & 3rd
Stonebroom. Church Institute	Do.	Monday, 10—12.30	Nil	23·82	Nil	46	Dr. Pooler, Weekly,
Grassmoor. P.M. School	Do.	Monday, 2—4	0·89	50·12	7	92	Dr. Pooler, 2nd & 4th

* Opened Feb. 25th, 1932.

Address.	Frequency of Sessions.	Day and time of Meeting.	Average Attendance per Session.		No. Attended for First Time.		Present arrangements for medical supervision.
			Expectant Mothers	Children.	Expectant Mothers	Children	
North Wingfield. Miners' Welfare.	Weekly	Thursday, 2.30—4.30	0.51	49.91	8	111	Dr. Pooler, Fortnightly
Brimington. Church Hall	Do.	Thursdays, 2—4	0.57	28.61	2	57	Dr. Burke 2nd & 4th
Beighton. C. of E. Schoolroom	Do.	Tuesday, 2—4	0.26	39.33	1	118	Dr. Morris, 2nd & 4th
Killamarsh. Congregational Room	Do.	Wednesday, 2—4	0.36	40.79	1	169	Dr. Morris, 1st & 3rd
CLOWNE. P.M. Chapel, Clowne	Do.	Tuesday, 1.30—4	Nil	22.83	Nil	130	Dr. Wear, Fortnightly
HAYFIELD. Wesleyan Methodist Church, Hayfield.	Fortnightly	2nd & 4th Tuesdays, 2—4	0.27	16.45	2	25	Dr. Lynch.
NORTON. *Abbeydale Hall, Dore.	Do.	1st & 3rd Tuesdays, 2.30—4.0	Nil	8.82	Nil	27	Dr. Morris, Each Session
SHARDLOW RURAL. Lenton Street School, Sandiacre	Do.	2nd & 4th, Mondays, 2—4.15	Nil	39.52	Nil	70	Weighing Centre
Co-op. Stores Committee Rooms, Draycott	Do.	2nd & 4th Wednesdays, 1.30—4	0.23	16.18	Nil	28	Weighing Centre
Spondon. Wesleyan Chapel	Do.	1st & 3rd Tuesdays, 11—4.30	0.62	28.75	6	60	Dr. Hendry, 1st & 3rd
Cooks Institute, Melbourne	Weekly	Wednesday, 10.15—5	0.43	28.67	1	145	Dr. Hendry, 1st & 3rd

* Opened October, 1931.

Owing to the very limited staff at my disposal towards the end of the year, it was found necessary, in order that the larger Centres should have adequate medical supervision, to reduce the Centres at Draycott, Duffield, Sandiacre, Sawley, Somercotes, and Unstone to Weighing Centres at which no doctor attends, whilst at Marehay Centre medical attendance was limited to a monthly attendance.

During the year a new Child Welfare Centre was opened at Norton, and early in 1932 a Weighing Centre was opened at Chinley.

We also received intimation that the Voluntary Infant Welfare Centre held at Clifton, to which the County Council were paying a small grant, would be permanently closed on April 1st, 1932.

Voluntary Infant Welfare Centres.—During the financial year ended March 31st, 1932, 3 Voluntary Infant Welfare Centres received a Grant of £10 each from the County Council, namely :—Ashford, Mickleover and Bradwell.

Ante-Natal Scheme.—The following Table gives details as to the sessions and attendances at the various Ante-Natal Centres during 1931 :—

TABLE XXIII.

<i>Clinic.</i>	<i>No. of Sessions.</i>	<i>First Visits</i>	<i>Subsequent Visits.</i>	<i>Average attendance of expectant mothers per Session.</i>	<i>Post Natal Visits.</i>
*Matloek	20	60	77	6.85	10
New Mills	22	49	126	7.95	2
Shirebrook	24	245	292	22.37	15
Long Eaton	50	246	587	16.66	117
Derby	21	81	57	6.59	9
Clay Cross	23	142	199	14.82	28
†Ripley	11	45	30	6.81	2
Alfreton	24	198	320	21.58	44
†Bakewell	5	8	12	4.00	—
Swadlincote	27	78	112	17.03	22
Staveley	21	129	218	16.52	8
Eekington	21	55	64	5.66	14
Ashbourne	12	99	77	14.66	—
	281	1435	2171	12.83	271

* Opened March, 1931.

† Closed during 1931.

The Ante-Natal Clinic at Ashbourne is run in connection with the Maternity Home.

A list of the days and times of holding the Ante-Natal Clinics will be found on page 74 of the Annual Report for 1930. The only alteration to that list is that the Ripley Centre is closed consequent upon the closing of the Ripley Maternity Home where the Centre was held.

During the year we lost the services of Dr. Edith Stephens, who has taken up private practice near London. Dr. Stephens was the first Medical Officer appointed to take charge of the Ante-Natal Clinics, and I would like here to express my appreciation of her untiring efforts for the good of the service.

On relinquishing her post, Dr. Stephens wrote me a very interesting report on the Ante-Natal work of the County during the time she had been looking after it, *i.e.*, from August, 1928, to October, 1931.

The report is of a technical character, but the following extract from it gives an idea of the type of case that attended the Centres:—

EXTRACT FROM DR. STEPHENS' REPORT.

A *resumé* of 3,164 ante-natal cases examined at the Clinics of the Derbyshire County Council between August, 1928, and October, 1931 :—

Total number of cases examined	...	...	...	...	3,164
Number delivered before October, 1931	...	...	...	...	2,806
Number of primigravidæ	...	...	...	...	1,240
Number of multiparæ	...	...	...	...	1,566
Number of non-pregnant gynæcological cases examined	...	...	...	...	268
Number of post-natal visits by mother and baby	...	...	...	...	858
Number of post-natal examinations made	...	...	...	...	368
Total number of cases in whom some abnormal ante-natal condition was found	...	...	...	...	283
Percentage	...	...	...	...	9

ANALYSIS OF ABNORMAL CONDITIONS DISCOVERED AT THE ANTE-NATAL CLINICS.

<i>Ante-natal condition.</i>	<i>Primi-gravidæ.</i>	<i>Multi-paræ.</i>	<i>Total.</i>
Generally contracted pelvis	22	9	31
Flattened pelvis	8	2	10
Abnormal presentation	12	15	27
Retroversion of the gravid uterus	—	6	6
Old standing pelvic inflammation	—	5	5
Ovarian cyst	2	1	3
Fibroids	1	—	1
Carneous mole	—	1	1
Gonorrhœa	2	3	5
Bartolini abscess	3	3	6
Acute vaginitis	2	1	3
Toxæmia of pregnancy	53	14	67
Chronic renal disease	—	17	17
Organic heart disease	10	18	28
Lung diseases	7	7	14
Acute cystitis in pregnancy	2	—	2
Acute pyelitis of pregnancy	2	—	2
Acute superficial thrombosis of varicose veins	4	12	16
Severe varicose veins with ulceration	—	6	6
Ante-partum hæmorrhage	1	5	6
Chorea gravidarum	1	—	1
Cerebral thrombosis in pregnancy	1	—	1
History of repeated miscarriages on pre-mature still births	—	20	20
Glycosuria	—	5	5

The following Table shows the results of parturition so far as could be ascertained from the midwife, doctor, or hospital. Information was obtained from the midwife at her attendance at the clinic with her patients, or if the midwife did not subsequently attend, she was sent a communication asking for details of the

confinement. As many of the midwives were of the *bona-fide* type, these results cannot be regarded as strictly accurate, but are a rough guide as to the results of ante-natal care :—

			<i>Primi- paræ.</i>	<i>Multi- paræ.</i>	<i>Total.</i>
Instrumental delivery.					
(a) Posterior position	...	...	4	4	161
(b) Contracted pelvis	...	...	10	2	
(c) Heart disease	...	...	1	—	
(d) Prolapse of cord	...	...	—	1	
Normal cases	...	...	109	30	
Induction.					
(a) For disproportion	...	...	3	6	19
(b) For toxæmia	...	...	4	2	
(c) For chronic renal disease	...	...	—	2	
(d) Post maturity	...	...	1	—	
(e) Heart disease	...	...	—	1	
Cæsarean Section.					
(a) For disproportion	...	...	4	2	9
(b) For pelvic tumour	...	...	2	—	
(c) For repeated death of baby at previous confinements			—	1	
Still Births.					
(a) Prematurity	...	...	2	10	69
(b) Forceps	...	...	11	1	
(c) Breech...	...	...	2	2	
(d) Toxæmia and renal disease			1	6	
(e) Cardiac disease	...	...	—	1	
(f) Prolapse of cord	...	...	—	2	
(g) Hæmorrhage	...	...	1	3	
(h) Deformity of foetus	...	...	1	5	
(i) Other causes	...	...	11	10	
Manual removal of placenta	...		4	5	9
Hæmorrhage	...	...	2	4	6
Placenta prævia	...	...	—	6	6
Puerperal fever	...	...	6	7	13
Puerperal pyrexia	...	...	4	4	8
Acute pyelitis	...	...	1	—	1
Breast abscess	...	...	2	—	2
Puerperal Mania without pyrexia	...		1	—	1
Multiple pregnancy	...	...	4	9	13
Breech presentation	...	...	6	5	11
Miscarriage or abortion	...	...	7	25	32
Puerperal fever rate	...	...	4.63 per 1,000 births.		
Puerperal fever death rate	...	...	1.06 per 1,000 „		
Still birth rate, in this series	...	...	24.59 per 1,000 „		
Forceps rate : Primigravidæ	...	...	10%		
Multiparæ	...	...	2.36%		
Total	...	...	5.7%		

In this series of 2,806 ante-natal cases there was a total of seven deaths, which gives a death rate of 2.49 per thousand. Among

primigravidaë there were six deaths; among the multiparæ one only. The causes of death were as follows:—

Double mitral disease	...	2	Primigravidaë.
Puerperal fever	...	3	..
One forceps delivery—severe laceration.			
One forceps delivery followed by piecemeal removal of the placenta and severe secondary hæmorrhage in the puerperium.			
One normal delivery.			
Post-partum hæmorrhage	...	One	primigravida. Sudden death after a normal delivery.
Sudden death on the 18th day of the puerperium; no doctor in attendance; no inquest. One multipara.			
Puerperal fever death rate	...	1·06	per 1,000.
Other cases	„	1·42	per 1,000.

The three deaths from puerperal fever occurred among women who had attended the ante-natal Clinics regularly, and they were all seen at the 38th week of pregnancy. The ante-natal condition was satisfactory in all cases, and the women were all young and in good health. The two who were delivered with forceps had normal pelvic measurements, and the foetal heads were deeply engaged at the 38th week of pregnancy. In neither case was the forceps delivery difficult, and the babies were born alive.

School Clinics.—Full particulars of the School Clinics were given in my last Annual Report (pages 75-78). The following alterations were made during 1931:—

(1) **MINOR AILMENT CLINICS.**—An additional Minor Ailment Clinic has been opened at Staveley Middlecroft School, on Wednesdays, at 2 p.m.

(2) **EAR, NOSE AND THROAT.**—Chesterfield Clinic was used for operations on the first as well as the second, third, and fourth Tuesdays each month. At Chinley, the Clinic is opened on the second Wednesday in each month for operations, instead of the first Tuesday, and Derby Clinic has been discontinued on the second Wednesday in the month.

(3) **DENTAL CLINICS.**—The Dental Clinic at Bakewell Liberal Club has been discontinued. An extra Clinic at Matlock, held on the fourth Monday in each month, has taken its place.

(4) **ULTRA VIOLET LIGHT CLINIC.**—In the Central Office there is a small Ultra Violet Light Clinic which has been used for some years for the treatment of children suffering from some temporary disability likely to be improved by heliotherapy. This clinic is only occasionally used during the winter months, and is closed during the summer. During the year, 10 children were treated, four suffering from enlarged glands in the neck, three from malnutrition, and three from discharging ears.

Tuberculosis Dispensaries.—A list of the Tuberculosis Dispensaries was given on page 79 of the Annual Report for 1930. The only alteration during the year was that the Derby Dispensary was closed in June, 1931, when the premises were required for office accommodation for the Highways Department.

Venereal Diseases Clinic.—See page 25.

Child Guidance Clinic is held at Dean Hill House, Matlock, on Fridays.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLIES.

Full details of the various water supplies in the County were given in the Annual Report for 1930. Where any alterations or extensions have taken place, the particulars are given below :—

Urban Districts.

ALFRETON.—A 9in. bore-hole has been made at Lea, 500ft. deep, in the millstone grit and shale, and a test pumping by means of an air lift has given 564,000 gallons per day, and it is believed that several million gallons per day will be available by a larger bore-hole. The water is very pure from a bacteriological point of view, and chemical analysis also shows it to be satisfactory, the total hardness being only 7.14 parts per 100,000.

BOLSOVER AND CHESTERFIELD BOROUGH.—These two Authorities are at present promoting a Parliamentary Bill for the formation of a Joint Water Board. At Bolsover a water-softening plant was installed near the water tower at Hillstown, and was officially opened on June 17th, 1931. The plant, installed by Messrs. Kenniecott Water Softeners Company, Ltd., of Wolverhampton, operates on the Base Exchange principle, and consists of three 9 feet diameter units, each unit guaranteed to deliver 25,000 gallons of zero hardness water between regenerations.

HEANOR AND ILKESTON (Ilkeston and Heanor Water Board).—Following an Inquiry for sanction to a loan of £76,986, held on December 5th, 1930, a new pumping main from the waterworks to Chadwick Nick Reservoir and the gravitation main from the reservoir as far as Ripley have been completed. The laying of the remainder of the gravitation main from Ripley to Codnor is well in hand. The new boiler house is completed, and the work of constructing the extra pump house is in progress.

The increase in the quantity of water supplied by the Board is shewn by the following figures :—

<i>Year.</i>				<i>No. of gallons supplied.</i>
1906	...	...	...	276,248,000
1910	...	...	...	379,774,000
1925	...	...	...	582,093,000
1930	...	...	...	646,460,000
1931	...	...	...	658,788,300

During the year, negotiations were entered into with the Chesterfield Rural District Council for a supply of approximately 150,000 gallons per day to the southern area of the Rural District, and a scheme has been prepared by the Rural District Council's Water Engineer.

During the year under review, a new sewer has been laid from Middleton to Wirksworth to take the sewage to the Wirksworth sewage works instead of allowing it to pass into the old lead mine shafts, the water from which is used by the Board.

A new reservoir is now being constructed at Codnor by the Heanor Urban District Council at a cost of £12,250. The reservoir will be circular in plan, 6 feet in the ground, and 20 feet above ground, the top water level being 515 O.D. It is to be built of reinforced concrete and roofed over, having 4" of loose gravel spread on top. The capacity will be 1,300,000 gallons.

The Borough of Ilkeston proposes to increase the storage capacity for water. The proposals are to construct a new reservoir at Hassock Lane End, having a capacity of 2,000,000 gallons and a top water level of 404 O.D., *i.e.*, about 20 feet higher than the present reservoirs at Woodside. The reservoir will be octagonal in plan, 165 feet in diameter, and roofed over. The new length of main will connect up the old reservoirs, and arrangements are to be made so that any of the reservoirs can be by-passed as required. The amount of loan asked for was £30,000.

The existing and proposed reservoirs in the Ilkeston and Heanor Water Board's system are :—

	<i>Present Reservoirs.</i>		<i>Proposed Reservoirs.</i>	
	<i>Capacity.</i>	<i>O.D.</i>	<i>Capacity.</i>	<i>O.D.</i>
Chadwick Nick ...	1,300,000	700	—	—
Tagg Hill ...	200,000	428	—	—
Codnor ...	390,000	489	1,300,000	515
Woodside (Shipley 2) ...	950,000	382	2,000,000	404
Total ...	2,840,000		3,300,000	

NEW MILLS.—The New Mills Urban District Council have agreed to take 25,000 gallons per day from the new Stockport main which is now being laid in connection with the Goyt Valley water scheme.

In order to provide a supply of water to the higher parts of New Mills, the Urban District Council applied to the Ministry of Health for sanction to a loan of £7,400, but the scheme was not approved by the Ministry for the purposes of a loan.

SWADLINCOTE.—This district is supplied by the Swadlincote and Ashby Joint Water Committee with water from Milton. During the year a new reservoir of 3,000,000 gallons capacity with a top water level of 570·37 o.d., situated at Manchester Lane, Boundary, was completed.

Rural Districts.

BLACKWELL.—Good progress has been made with the work in connection with the new scheme for obtaining water from the Dukeries area for the supply of the main portion of the Blackwell Rural District. The boreholes and reservoirs are completed and one pumping station is finished. The whole of the new mains and supply mains in Hardstoft and Astwith have been laid.

CHESTERFIELD.—A scheme for improving the water supply to the southern area of this district was prepared by the Council's Water Engineer during the year. It is proposed to take a supply of 150,000 gallons per day from the Chadwick Nick reservoir of the Ilkeston and Heanor Water Board and convey it by means of a 12" main to a new reservoir to be built near Hardstoft.

RIVER POLLUTION AND SEWAGE PURIFICATION.

Urban Districts.

ALFRETON.—An additional filter was constructed at Highfield sewage works during the year. There is still no treatment of sewage at Ironville.

BAKEWELL.—No sewage works have yet been provided for Bakewell.

BELPER.—A scheme for considerably enlarging the Belper sewage works is in progress, consisting of extra settling tanks, filters, and sludge beds. The air compressors are now worked automatically by electricity during the periods when steam from the destructor is not available.

BOLSOVER.—Sewer extensions at Shuttlewood have enabled several cesspools to be done away with.

BUXTON BOROUGH.—Improvements are being carried out at these sewage works. The work consists of new detritus tanks, alteration to the storm overflow, and the provision of a flow recorder.

CHESTERFIELD BOROUGH.—There is still difficulty in treating the sewage at these works. At present, about one-third of the flow is passed to the river Rother as chlorinated tank effluent. A scheme for the provision of four sludge digestion tanks and numerous sludge drying beds is well in hand. When this part of the work is done, the construction of a further large bio-aeration unit (the fourth) will be commenced.

CLAY CROSS.—The media of all the filters at both Danesmoor and Bacon Springs sewage works has been renewed. At Danesmoor the settling tanks have been improved and extra sludge beds provided.

HEAGE.—Some considerable delay has taken place in the completion of the sewage works for the Saw Mills and Ambergate areas in this district. An application was made to the Ministry of Health for the compulsory purchase of lands for the new works and pumping station. At the inquiry, held on April 24th, 1931, objections were raised to the sites selected for the sewage works, and the Ambergate pumping station and alternative sites were suggested. The Saw Mills length of sewer and this pumping station are already constructed.

HEANOR.—The new sewage works at Langley Mill are expected to be in use by July, 1932. The new scheme will consist of four detritus tanks, five settling tanks, ten filters, two storm water tanks, two humus tanks, and a set of sludge beds, and will do away with the old works at Commonside, Loscoe, Woodend, and Langley Mill.

ILKESTON.—The enlargement of these sewage works by the addition of a set of four filters, several sludge drying beds, a humus tank, and further settling tank capacity, is in progress.

LONG EATON.—An Inquiry was held on December 11th, 1931, for sanction to a loan of £8,300 for the purpose of enlarging the present sewage works to deal with the sewage from parts of Toton, Chilwell, and Attenborough. The sewage from these areas which are in Nottinghamshire will be lifted by automatic electrical pumps. The enlargement will consist of an extra detritus tank, a settling tank, two filters, two humus tanks, and six sludge drying beds. A recorder is to be provided for the sewage flow from outside the Urban District.

MATLOCKS.—During 1931 an inspection was made of the River Derwent, and a report was sent to the Urban District Council, pointing out the various sources of pollution both by drainage and solid matter. Steps are being taken to remedy most of these complaints.

The following outlying districts have been sewered :—Matlock Moor, Lumsdale, Tansley, Matlock Cliff, Astor Lane, and Derby Road (Cromford). A recorder has been provided at the sewage works.

NORTH DARLEY.—Nothing has yet been done to provide proper sewage disposal works for this district.

RIPLEY.—A scheme for providing entirely new sewage disposal works on a new site was the subject of an Inquiry held on July 8th, 1931, when application was made for sanction to a loan of £29,298. I am informed that sanction to this loan has not been received, and therefore the scheme will not be proceeded with.

SWADLINCOTE.—A large scheme to provide new sewage works at Stanton for the greater part of this district is not to be proceeded with at present owing to the loan of £50,350 not receiving the sanction of the Ministry of Health. The scheme was to provide a new steel main outfall sewer, two detritus tanks, four settling tanks, two storm water tanks, four circular filters, two humus tanks, and twelve sludge beds. The present scheme consists of tanks and land treatment only.

WIRKSWORTH.—The connecting up of Middleton-by-Wirksworth to the Wirksworth sewers necessitated the addition of an extra filter, humus tanks, and dosing chamber to the Wirksworth works. All these additions are now completed and in operation.

Rural Districts.

ASHBOURNE.

Hognaston.—In July, 1931, an application was before the Ministry for a loan of £500 for a small sewage works for this village. Sanction, however, was not obtained, and it is now proposed to construct a small tank with irrigation trenches on the side of the existing outfall.

Middleton-by-Wirksworth.—This village is now for the most part connected up with the Wirksworth sewer, thus removing the sewage from the gathering ground of an important public water supply.

BAKEWELL.

Great Longstone.—New sewage disposal works have been constructed to deal with the sewage of this village at a cost of approximately £5,000, including a new main sewer. The works consist of a detritus tank, two settling tanks, a filter and humus tank, together with a set of sludge beds.

BLACKWELL.

Tibshelf.—New sewage works have been constructed in Hardstoft Lane to deal with the sewage of the northern end of Tibshelf, and consist of two detritus tanks, settling tank, storm tank, circular filter, humus tank, and sludge beds.

CHESTERFIELD.

North Wingfield and Pilsley.—A new sewage disposal works is being constructed which will supersede the old works at Hillyfields and several septic tanks in the neighbourhood. The works consist of two detritus tanks, three settling tanks, two storm water tanks, three circular filters, and two humus tanks.

Hackenthorpe.—Two new sewage disposal works have been provided for the treatment of the sewage of this village. They are known as the "Hackenthorpe Main" and the "Brook Lane" works, and consist of the usual tanks, filter, and humus tank.

Shirland and Higham.—New sewage works have been provided during the year. The old works and two septic tanks will be superseded. The new works comprise two detritus, two settling, two storm, and two humus tanks, two filters, and several sludge beds.

New Tupton.—A scheme for new sewage works has been approved by the Ministry of Health. The old works will be scrapped and two septic tanks done away with. The new scheme is estimated to cost £6,585.

CLOWNE.

An application for a loan of £12,200 for various improvements to the sewage works at Hodthorpe, Barlborough, Clowne, and Creswell did not receive the sanction of the Ministry of Health.

HARTSHORNE AND SEALS.

Overseal.—New sewage works have been provided at Overseal. Most of the village has been re-sewered and a pumping station constructed at Gorsey Leys. The new works consist of two detritus tanks, two settling tanks, a storm water tank, two circular filters, and two humus tanks. Four separate outfalls have been done away with by this scheme.

Hartshorne.—A scheme for the provision of sewage works for this area has been proposed, but has not yet received the sanction of the Ministry in respect of a loan of £16,800. The area included in the scheme consists of Mill Pool, Mill Lane, Ticknall Lane, Spring Hill, Church Hill, Goseley Dale, and Goseley Mount. The scheme in the first place also included the laying of a sewer up to Midway, but this portion of the scheme was dropped.

SHARDLOW.

This Authority has taken advantage of the Government grants in connection with the provision of sewage schemes in the district, and has therefore been able to provide for the treatment of the sewage of several villages which would otherwise not have been carried out for some considerable time. The District Council has an arrangement whereby any excess over 1s. in the pound on the special rate for the half year in any parish is borne by the Rural District as a whole.

Breadsall.—The sewage of this parish is taken to the Little Eaton sewage works, which have been extended to deal with it.

Drayeott and Breaston.—Progress has been made with the enlargement of the sewage works here by the addition of two circular filters, a humus tank, and five sludge beds. A new air compressor station with a twin 100-gallon ejector is being provided at Breaston. The effluent from the works is now taken direct to the River Derwent by a long length of 12" piping, thus avoiding the use of a ditch alongside the main road. The estimated cost of the work is £9,300.

Melbourne.—The provision of new sewage disposal works for this parish is in progress: the estimated cost will be £14,500. In addition to the usual treatment works, there will be two small electrical pumping stations, one near Ticknall Road and another at the lower end of Penn Lane. The sewage of Kings Newton will be picked up and taken to the new works. Four separate outfalls now in use will be abolished.

Stapleford and Sandiaere.—The new sewage disposal works for this joint area were completed during the year, consisting of tank and filters, with an electrical automatic pump as relief to the old gas engine. An extra electrical pump is also available for storm water.

Stanley.—Extensions have been made to the sewers in the Klondike and Sough Lane area and a pumping station erected in Sough Lane.

Shardlow and Aston.—A combined scheme for these two areas is in progress, consisting of two detritus tanks, two settling tanks of the inverted pyramid type, two storm water tanks, two circular filters, two humus tanks, and twelve sludge beds. The sewage has to be pumped by three pumping stations.

Chaddesden.—The existing sewage works for this area are being considerably enlarged. The extensions include four detritus tanks, two settling tanks, two storm water tanks, four circular filters, one humus tank, and fifteen sludge drying beds. A new sewer is being laid in Meadow Lane and an automatic electrical pumping station erected to lift the sewage from this low-lying area to the sewage works.

Littleover.—Work is in progress on the new sewage treatment scheme for Littleover. At present the sewage from most of this area goes into the Derby Borough sewers, for which service an annual charge of £845 is made. The scheme will relieve the surcharging of the Borough sewer which passes *via* Sunny Hill and Alvaston. A portion of the sewage of the Derby Borough area will be dealt with at the new works, which will consist of two detritus tanks, two settling tanks, two storm water tanks, four circular filters, and two humus tanks, with the necessary sludge drying beds. The report on the Ministry of Health inquiry is given on p. 68.

Spondon.—The enlargement of the existing sewage works is in progress, the additions being a detritus tank, a settling tank, two circular filters, a humus tank, and six extra sludge beds.

SEWAGE EFFLUENTS.

During the year 1931, 471 samples of sewage effluents were collected and analysed. The samples were classified as follows:—

Good	...	...	...	237
Satisfactory	...	...	...	128
Unsatisfactory	...	...	...	49
Bad	...	...	...	57

The results of the analyses are sent to the Engineer or Surveyor concerned, and, where necessary, special letters are sent pointing out defects existing at the works or making suggestions for effecting improvements in the condition of the final effluents.

SCAVENGING.

Reference to page 117 of the Annual Report for 1930 shows how scavenging is undertaken in the various Districts in the County. From the Reports of the Local Medical Officers for 1931 which I have received up to the date of printing this Report, I find the following alterations have taken place:—

CLAY CROSS URBAN. Now carried out by Council's workmen only.

BELPER RURAL. Allestree, Darley Abbey, Duffield and Quarndon by direct labour.

Denby, Dethick, Lea and Holloway, Kilbourne, Mapperley, Milford and South Wingfield by Contract.

Crich, Holbrook and Horsley Woodhouse by householders.

BLACKWELL RURAL. South Normanton, Blackwell, Shirebrook, Searcliff (part), Pleasley, by Council.

Pinxton and Tibshelf by Contract.

Searcliff (part), Ault Hucknall, Glapwell and Upper Langwith, by private owners.

CHAPEL-EN-LE-FRITH RURAL. Bamford, Chapel-en-le-Frith, Chinley and Bagnsworth by Council.

TABLE XXIV.
CLOSET ACCOMMODATION.

Districts.	Approximate number of Houses with				Number of Conversions.	
	Privy Middens.	Pail Closets	Water Closets	Trough and slop Water Closets	From Privy-middens to water Closets	From Pail-Closets to water Closets
URBAN.						
Alfreton	79	2,600	3,140	43	5	14
Alvaston & Boulton	9	3	1,295	—	15	—
Ashbourne	5	—	903	300	7	—
Bakewell	182	51	505	—	—	—
Baslow	116	4	223	—	—	—
Belper	64	480	2,568	125	9	38
Bolsover	338	723	1,701	—	95	26
Bonsall	60	241	20	—	—	—
Brampton & Walton	322	23	216	—	14	—
Buxton (Boro') ...	12	70	3,482	11	1	—
Chesterfield (Boro')	199	—	14,262	289	27	76
Clay Cross	566	—	1,355	12	178	—
Dronfield	139	16	832	3	30	—
Glossop (Boro') ...	5	54	3,564	—	—	1
Heage	195	436	257	8	6	8
Heanor	280	1,670	3,979	—	246	427
Ilkeston (Boro') ...	10	216	7,481	317	—	—
Long Eaton	15	77	6,559	74	—	—
Matlocks	421	326	1,912	2	7	1
New Mills	87	25	1,010	532	46	—
North Darley	331	19	669	106	6	3
Ripley	173	1,019	2,199	—	2	30
South Darley	—	53	56	—	—	—
Swadlincote	65	12	4,520	79	32	24
Wirksworth	242	44	761	4	25	3
<i>Urban Districts ...</i>	3,915	8,162	63,469	1,905	751	651
RURAL.						
Ashbourne	1,040	1,020	360	—	11	—
Bakewell	2,104	1,158	932	—	13	9
Basford	6	251	162	—	2	3
Belper	442	2,380	3,283	29	10	68
Blackwell	1,186	5,455	3,137	2	18	46
Chapel-en-le-Frith	1,331	495	2,836	5	48	1
Chesterfield	8,752	705	9,513	57	752	23
Clowne	1,836	1,407	1,007	—	5	1
Glossop Dale	256	71	500	12	19	8
Hartshorne & Seals	750	150	772	13	54	8
Hayfield	407	64	886	40	15	40
Norton	155	85	1,841	—	46	—
Repton	1,506	1,004	1,903	7	53	6
Shardlow	885	3,373	6,467	58	74	80
Sudbury	395	36	42	—	—	—
<i>Rural Districts ...</i>	21,051	17,654	33,641	223	1,120	293
<i>Urban Districts ...</i>	3,915	8,162	63,469	1,905	751	651
<i>Whole County ...</i>	24,966	25,816	97,110	2,128	1,871	944

URBAN DISTRICTS—continued.

Table XXV. continued.

District and Sanitary Inspector's Name.	Closets and Ashpits.								Drainage.			Other Defects.										Totals.							
	Defective Privies, Pail Closets and Ash pits.	Conversion of Privies into W.C.'s.	Conversion of Pail Closets into W.C.'s.	Conversion of Privies into Pail Closets.	Defective W.C.'s.	Provision of additional W.C.'s.	Provision of Portable Ashbins.	Dirty Closets.	No disconnection of Waste Pipe.	Defective Waste Pipes Traps, Inlets & Drains.	Drains obstructed.	Paving of Courts and Yards.	Roofs, Eaves Spouts, and Down Spouts.	Sinks.	Insufficient Ventilation.	Windows.	Dampness.	Water in Cellars.	Water Supply.	Overcrowding.	Foul Condition of Houses.		Offensive Accumulations.	Animals improperly kept.	Pigsties.	Smoke Nuisances.	Urinals.	Nuisances not specified	
Belper J. A. Statham.	Inspections made	12	54	228	18	80	...	276	40	276	12	80	12	...	18	18	8	2	...	18	1168
	Informal Notices served	1	3	38	...	...	3	40	...	46	20	46	6	...	...	40	...	...	...	...	3	...	3	2	1	...	3	258
	Legal Notices served	...	...	6	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	10
	Nuisances abated	...	9	28	...	2	18	40	...	46	20	46	12	...	...	40	...	...	...	...	...	...	...	2	1	...	3	269
Bolsover E. Booth.	Inspections made	106	206	107	...	56	320	21	...	88	96	16	33	14	...	6	23	...	7	10	9	7	8	...	1139
	Informal Notices served	20	60	40	...	41	56	14	...	31	21	4	6	10	...	2	10	...	1	3	5	3	2	...	329
	Legal Notices served	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Nuisances abated	105	95	21	...	41	302	14	...	55	207	9	20	10	...	6	17	...	2	5	7	3	5	149	1076
Bonsall A. Allsopp.	Inspections made	12	12
	Informal Notices served	4	...	...	...	...	...	2	...	5	4	...	5	...	...	...	...	...	2	...	...	1	1	...	...	...	19	46
	Legal Notices served	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2
	Nuisances abated	9	...	...	...	...	...	2	...	8	7	1	8	3	...	...	...	...	6	...	...	1	1	...	...	...	24	76
Brampton and Walton W. J. Nicholls.	Inspections made	...	28	14	1	5	1	...	31	11	...	8	4	1	1	1	1	...	1	4	...	113
	Informal Notices served	...	14	14	1	5	1	...	31	11	...	8	4	1	1	1	1	...	2	...	95
	Legal Notices served	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Nuisances abated	...	14	14	1	5	1	...	27	11	...	8	4	1	1	1	1	...	1	2	...	93

URBAN DISTRICTS—continued.

Buxton (Boro')	Inspections made	...	76	23	30	...	153	35	1593	56	34	376	514	143	162	61	26	31	21	15	20	19	144	882	587	183	66	173	166	5589	
	Informal Notices served	...	...	1	...	...	15	6	57	1	1	43	67	11	12	4	...	3	...	...	2	1	17	3	1	...	1	2	3	251
	Legal Notices served	...	14	...	...	...	1	...	242	...	...	9	19	2	...	...	...	...	...	...	...	...	...	...	...	...	...	6	293	
	Nuisances abated	...	5	1	...	...	28	6	362	1	2	82	190	19	25	6	...	...	6	...	3	1	22	3	2	...	1	2	9	776
Chesterfield (B.) A. S. Carter.	Inspections made	...	3	16	38	...	148	6	534	26	2	160	340	180	292	84	3	42	95	22	23	32	54	16	29	6	22	8	202	2383	
	Informal Notices served	...	1	4	4	...	70	3	267	13	1	70	161	77	140	39	1	17	40	8	8	12	27	7	13	2	10	3	92	1090	
	Legal Notices served	...	...	2	...	...	3	2	28	...	...	12	8	27	6	21	...	...	1	1	1	1	...	...	...	...	...	...	1	114
	Nuisances abated	...	1	27	76	...	83	5	480	13	2	98	164	87	195	51	1	24	68	13	9	9	28	7	13	2	11	3	149	1619	
Clay Cross W. A. T. Lynam	Inspections made	...	32	345	...	...	24	4	85	...	12	109	47	24	39	45	2	16	13	20	46	1	32	6	4	5	2	...	49	962
	Informal Notices served	...	2	65	...	...	15	2	75	...	5	20	37	17	23	9	1	6	3	12	18	1	16	4	2	3	1	...	37	374
	Legal Notices served	...	2	2	...	...	...	...	2	...	1	1	...	2	2	1	...	1	1	...	1	...	...	...	...	...	...	...	...	16
	Nuisances abated	...	14	178	...	...	21	2	212	...	7	117	151	34	75	110	3	66	9	24	118	...	29	4	2	6	1	...	62	1245
Dronfield W. A. Parry	Inspections made	...	139	139	24	139	150	5	150	150	150	150	37	44	64	50	50	50	55	4	320	14	1	20	20	20	1	4	18	1968	
	Informal Notices served	...	9	30	...	...	2	11	40	3	...	21	37	24	20	10	8	5	16	2	44	1	1	2	...	...	1	1	18	306
	Legal Notices served	...	...	15	...	...	...	...	...	...	...	2	...	3	2	8	8	...	10	...	...	...	...	...	...	...	1	...	...	49
	Nuisances abated	...	9	30	...	...	2	11	40	3	...	21	37	24	20	10	8	5	16	2	44	1	1	2	...	...	1	1	18	306
Glossop (Boro')	Inspections made	...	2034	...	10	...	1000	...	305	25	...	2000	...	719	300	300	150	350	200	50	15	50	32	96	...	52	...	...	20	7708
	Informal Notices served	...	550	...	4	...	100	...	305	25	...	500	...	...	...	400	...	...	...	20	15	10	30	96	...	5	...	...	20	2080
	Legal Notices served	...	...	...	...	...	...	...	...	...	...	...	...	...	...	88	...	...	...	1	...	...	2	...	...	...	...	...	...	91
	Nuisances abated	...	600	...	1	...	100	...	305	25	...	500	...	...	...	900	...	...	...	21	15	10	32	96	...	5	...	...	20	2630
Heage A. J. Fortnam.	Inspections made	...	107	24	40	...	30	...	107	6	...	40	21	...	35	...	...	...	50	...	10	22	1	70	...	10	...	37	...	610
	Informal Notices served	...	22	11	8	...	6	...	...	3	...	6	...	...	6	...	...	...	8	...	5	22	1	6	...	...	...	...	...	104
	Legal Notices served	...	2	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	14
	Nuisances abated	...	14	6	8	10	3	...	6	32	...	6	4	...	5	2	1	6	103
Heanor A. A. Wilson	Inspections made	...	...	542	854	...	18	3	100	12	...	200	51	30	140	30	12	12	20	3	20	18	24	8	15	6	54	3	89	2264
	Informal Notices served	...	...	54	31	...	17	...	185	2	...	17	26	60	72	16	12	10	8	1	18	4	4	3	5	3	8	1	77	634
	Legal Notices served	246	427	...	1	1	2	5	...	1	685
	Nuisances abated	...	...	246	427	...	28	3	153	6	...	171	121	70	76	48	13	46	93	2	20	18	28	3	8	5	8	3	120	1716

District and Sanitary Inspector's Name.	Closets and Ashpits.						Drainage.				Other Defects.										Totals.								
	Defective Privies, Pail Closets and Ashpits.	Conversion of Privies into W.C.'s.	Conversion of Pail Closets into W.C.'s.	Conversion of Privies into Pail Closets.	Defective W.C.'s.	Provision of additional W.C.'s.	Provision of Portable Ashbins.	Dirty Closets.	No disconnection of Waste Pipe.	Defective Waste Pipes, Traps, Inlets & Drains.	Drains obstructed.	Paving of Courts and Yards.	Roofs, Eaves Spouts, and Down Spouts.	Sinks.	Insufficient Ventilation.	Windows.	Dampness.	Water in Cellars.	Water Supply.	Overcrowding.		Foul Condition of Houses.	Offensive Accumulations.	Animals improperly kept.	Pigsties.	Smoke Nuisances.	Urinals.	Nuisances not specified	
Ilkeston (Boro') J. B. Duro.	Inspections made	...	...	...	50	2	123	22	2	12	75	9	9	5	...	...	6	5	...	...	...	3	2	4	...	79	...	50	485
	Informal Notices served	2	...	...	50	...	46	...	2	...	75	2	9	...	...	...	...	...	...	...	...	...	1	...	2	...	36	225	
	Legal Notices served	...	...	...	4	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8	
	Nuisances abated	27	...	...	50	2	123	22	2	12	75	9	9	5	...	...	6	5	...	...	...	3	2	4	...	79	...	50	485
Long Eaton J. Tomlinson.	Inspections made	6	...	...	60	20	788	47	...	81	115	57	49	12	8	...	...	...	11	41	4	59	41	33	15	17	7	226	1697
	Informal Notices served	3	...	...	21	2	414	9	...	36	31	22	16	1	1	...	...	...	3	1	8	7	14	6	2	16	1	81	695
	Legal Notices served	...	...	...	6	...	15	...	...	...	1	5	4	...	...	...	...	...	...	...	...	...	...	...	...	...	1	32	
	Nuisances abated	2	...	...	42	7	421	29	...	73	126	22	22	8	6	...	...	...	3	2	6	24	19	8	2	22	3	88	935
Matlocks J. D. Evans.	Inspections made	18	39	3	30	9	26	2	...	306	40	3	16	2	...	...	...	11	6	...	2	...	2	...	...	17	9	16	557
	Informal Notices served	6	16	1	10	3	13	1	...	104	23	1	6	1	...	...	...	4	2	...	2	...	1	...	3	3	2	8	207
	Legal Notices served	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
	Nuisances abated	6	7	1	10	3	13	1	...	98	23	3	6	1	...	...	...	3	2	...	...	...	1	...	...	2	...	8	188
New Mills W. C. Sheard	Inspections made	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Informal Notices served	1	...	...	...	...	26	2	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	33
	Legal Notices served	...	...	...	4	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7
	Nuisances abated	...	46	...	17	...	161	2	...	32	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	270
North Darley F. B. Dickinson.	Inspections made	36	16	6	12	...	...	...	...	65	18	32	14	4	...	...	3	...	5	3	...	...	...	...	...	...	...	5	219
	Informal Notices served	20	...	...	4	...	...	...	...	19	4	20	10	1	...	...	2	...	1	...	...	...	...	...	...	...	...	1	82
	Legal Notices served	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2
	Nuisances abated	26	6	3	8	...	...	...	...	29	14	32	14	3	...	...	3	...	5	3	...	...	...	...	...	...	...	5	151

URBAN DISTRICTS—continued.

Ripley W. E. Clark.	Inspections made	...	36	65	120	...	10	3	54	3	...	15	43	18	32	10	3	17	27	4	5	34	4	10	7	6	4	3	48	581	
	Informal Notices served	...	4	35	98	...	3	...	47	3	...	9	18	7	14	4	1	8	16	4	2	18	4	8	7	...	2	1	38	352	
	Legal Notices served	...	...	...	10	...	...	...	...	...	...	2	...	...	2	...	...	...	...	...	2	...	...	...	...	...	...	...	...	16
	Nuisances abated	...	15	2	30	...	10	1	47	4	...	7	60	12	26	8	1	7	22	4	4	5	4	8	7	2	4	1	36	327	
South Darley H. Crowder.	Inspections made	...	165	231	129	7	3	535
	Informal Notices served	72	7	3	82
	Legal Notices served
	Nuisances abated	72	7
Swadlincote G. Pollard.	Inspections made	...	...	32	24	...	42	15	99	...	...	24	10	...	162	15	31	37	17	...	5	41	3	2	1	...	...	...	536	1096
	Informal Notices served	42	...	19	24	10	95
	Legal Notices served	62
	Nuisances abated	...	...	32	24	...	57	15	99	...	...	24	10	48	162	15	31	37	17	...	5	41	3	2	1	...	...	...	536	1159
Wirksworth A. E. Parry.	Inspections made	...	4	9	3	2	6	3	61	...	...	15	52	4	10	7	...	12	10	6	19	10	...	1	1	...	...	...	19	254
	Informal Notices served	...	4	...	...	...	6	...	61	...	...	7	4	4	8	4	...	7	7	...	1	10	...	1	1	...	...	...	19	144
	Legal Notices served	9	2	4	1	18	34
	Nuisances abated	...	14	23	3	2	7	3	27	...	...	5	50	4	6	2	...	3	6	6	19	10	...	1	1	...	...	...	13	216

RURAL DISTRICTS.

Ashbourne J. H. Wheeldon	Inspections made	...	20	20	4	...	200	...	20	30	6	2	25	40	4	4	...	375
	Informal Notices served	...	9	11	...	...	1	...	50	...	10	11	3	1	10	...	...	...	...	...	7	1	1	16	2	...	...	2	...	150
	Legal Notices served	...	1	...	...	...	...	...	...	...	...	7	...	...	2	...	...	...	...	...	2	...	...	...	...	...	...	...	...	18
	Nuisances abated	...	5	11	1	...	50	...	9	18	3	1	12	8	10	1	1	14	2	1	...	154
Bakewell A. Seaton. A. Green.	Inspections made	...	85	29	1	33	7	21	35	29	24	139	132	...	77	7	13	12	9	6	71	12	10	51	...	4	11	91	909
	Informal Notices served	...	25	6	...	8	4	14	15	5	9	32	42	...	12	2	2	1	4	1	26	2	2	23	...	1	...	3	25	264	
	Legal Notices served	...	2	1	...	2	...	...	...	...	3	5	...	...	4	1	1	1	...	...	...	2	...	...	...	...	...	...	4	26
	Nuisances abated	...	42	13	1	14	5	21	20	17	12	51	88	...	49	4	5	10	5	4	34	2	4	25	1	...	...	3	52	482

RURAL DISTRICTS—continued.

Table XXV. continued.

District and Inspector's Name.	Closets and Ashpits.							Drainage.				Other Defects.										Totals							
	Defective Privies, Pail Closets and Ashpits.	Conversion of Privies into W.C.'s.	Conversion of Pail Closets into W.C.'s.	Conversion of Privies into Pail Closets.	Defective W.C.'s.	Provision of additional W.C.'s.	Provision of Portable Ashbins.	Dirty Closets.	No disconnection of Waste Pipe.	Defective Waste Pipes, Traps Inlets & Drains.	Drains obstructed.	Paving of Courts and Yards.	Roofs, Eaves Spouts, and Down Spouts.	Sinks.	Insufficient Venti- lation.	Windows.	Dampness.	Water in Cellars.	Water Supply.	Overcrowding.	Foul Condition of Houses.		Offensive Accumu- lations.	Animals improperly kept.	Pigsties.	Smoke Nuisances.	Urinals.	Nuisances not specified	
Basford V. V. Yates	Inspections made	...	8	...	...	...	14	...	...	16	2	...	...	...	...	...	...	...	...	...	6	...	4	...	...	10	...	...	70
	Informal Notices served	...	4	...	...	...	5	...	...	7	1	...	...	...	...	...	...	...	...	...	1	1	...	...	1	...	...	25	
	Legal Notices served	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Nuisances abated	...	4	...	...	...	5	...	...	7	1	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	25	
Belper James Laycock W. G. Cooper	Inspections made	...	195	10	64	16	152	21	...	15	99	4	91	24	21	38	46	2	16	19	2	8	...	...	27	2	...	95	971
	Informal Notices served	29	6	86	4	4	8	3	...	11	32	4	80	24	16	34	39	...	...	5	2	...	3	...	...	...	...	55	465
	Legal Notices served	1	2	2	...	...	...	...	...	...	...	...	8	1	3	2	7	...	...	1	2	...	...	...	...	...	...	29	
	Nuisances abated	...	39	10	64	7	11	10	...	11	46	4	79	6	17	14	22	2	18	2	2	3	...	...	...	...	...	51	513
Blackwell I. N. Crear. S. Wilmot.	Inspections made	...	502	50	74	66	426	69	...	3	439	136	609	903	71	70	351	609	12	79	3	26	600	37	82	4	240	871	6434
	Informal Notices served	93	...	...	...	41	216	33	...	1	57	44	129	158	42	16	45	90	5	31	1	10	38	11	4	2	2	160	1229
	Legal Notices served	...	45	...	...	4	11	...	...	1	62	...	72	74	18	4	14	52	5	7	1	...	14	...	1	...	1	111	497
	Nuisances abated	...	395	18	46	55	378	34	...	1	210	91	351	435	105	43	217	300	6	38	2	11	295	23	5	2	9	577	3744
Chapel-en-le- Frith T. Dinsdale.	Inspections made	...	24	139	21	68	64	...	...	14	42	4	252	3	111	146	173	15	23	6	3	96	2	...	3	...	...	245	1618
	Informal Notices served	...	5	23	...	9	29	...	...	3	8	3	45	1	19	28	36	5	19	1	1	43	...	...	...	...	...	56	363
	Legal Notices served	...	1	1	4	8	4	...	...	3	1	...	31	...	15	16	20	1	3	2	...	2	1	1	...	...	...	29	157
	Nuisances abated	...	21	48	1	7	79	...	...	6	18	8	91	1	26	50	50	2	28	3	3	2	55	1	...	...	...	120	682

RURAL DISTRICTS—continued.

Chesterfield T. W. Binns J. Hutchinson D. Northway F. Waterfall	Inspections made	51	1451	22	...	44	40	1174	29	61	819	215	281	1748	53	5	84	294	37	40	18	28	904	14	12	...	24	645	8093	
	Informal Notices served	22	390	14	...	26	15	474	13	31	391	108	107	938	27	2	31	137	15	26	13	17	407	9	7	...	7	308	3335	
	Legal Notices served	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	2	...	1	...	...	...	1	...	...	...	2	8
	Nuisances abated	29	753	22	...	26	15	961	17	34	489	133	166	1480	29	4	52	151	23	26	12	17	639	9	7	...	8	364	5466	
Clowne J. Bradley.	Inspections made	102	18	2	...	4	...	48	...	...	10	26	6	3	6	...	...	24	...	4	6	...	...	3	...	...	2	...	264
	Informal Notices served	51	6	1	...	2	...	24	...	...	5	13	3	1	3	...	...	8	...	2	2	...	...	1	...	...	1	...	123
	Legal Notices served	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
	Nuisances abated	51	6	1	...	2	...	24	5	13	3	1	3	8	...	2	2	1	1	...	123
Glossop Dale C. E. Storey.	Inspections made	24	96	32	64	...	24	78	...	...	62	32	34	126	30	66	212	50	...	6	3	5	48	2	35	...	7	204	1240
	Informal Notices served	6	20	4	13	...	6	14	...	...	8	8	1	24	...	9	23	5	...	...	1	2	6	1	...	...	1	51	203
	Legal Notices served	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	6	23	5	...	...	...	...	...	...	...	...	...	6
	Nuisances abated	3	23	4	13	...	6	17	...	...	8	8	1	24	...	...	23	5	...	...	1	2	6	1	...	...	1	49	201
Hartshorne & Seals J. Crabtree	Inspections made	14	40	8	2	4	4	13	7	2	10	30	2	24	3	2	10	13	3	3	9	3	26	5	6	...	2	6	251	
	Informal Notices served	16	30	5	1	5	3	13	4	2	8	19	2	39	3	2	3	14	3	2	9	3	32	4	5	...	2	5	234	
	Legal Notices served	...	2	...	...	...	...	...	...	...	...	...	...	4	...	...	3	6	...	...	...	2	...	...	...	...	...	...	17
	Nuisances abated	25	54	8	1	10	5	48	7	4	10	29	4	80	6	2	28	33	2	8	...	3	39	3	4	...	2	5	420	
Hayfield E. Swift.	Inspections made	29	51	33	6	6	...	23	...	...	11	23	...	5	1	...	4	3	1	...	...	...	...	...	...	3	...	...	199
	Informal Notices served	29	...	...	...	6	...	23	...	...	11	23	...	5	1	...	4	3	1	...	...	1	...	...	...	...	...	...	107
	Legal Notices served	...	51	2	...	...	...	...	...	...	...	...	...	5	...	...	4	3	...	...	...	...	...	...	...	...	...	...	65
	Nuisances abated	29	15	40	4	6	...	23	...	...	11	23	...	5	1	...	4	3	1	...	...	1	...	...	...	...	...	...	166
Norton E. J. Banner.	Inspections made	40	35	...	3	25	...	20	35	3	35	10	100	100	75	75	100	75	4	10	7	75	6	3	3	...	6	20	865	
	Informal Notices served	7	30	...	1	6	...	30	2	3	30	6	...	6	1	...	2	10	3	...	...	...	3	3	2	...	1	7	150
	Legal Notices served	...	1	1	1	1
	Nuisances abated	10	46	...	1	6	...	75	2	3	46	6	3	6	1	...	1	7	3	3	2	...	4	2	...	1	1	7	236	
Repton G. V. Peace. F. W. Bullock	Inspections made	190	106	16	26	34	9	147	37	14	143	97	7	284	40	45	21	47	3	175	22	11	162	2	9	6	23	537	2213	
	Informal Notices served	86	53	6	10	15	3	84	17	6	55	48	3	140	16	19	10	27	1	111	9	4	90	1	4	1	9	243	1071	
	Legal Notices served	31	28	4	10	...	...	9	3	...	21	8	1	43	6	6	3	10	1	78	7	1	11	1	1	...	1	22	306
	Nuisances abated	82	53	6	10	15	5	98	17	6	66	51	3	210	18	22	12	34	1	110	8	4	120	1	4	1	9	470	1436	

RURAL DISTRICTS—continued.

Table XXV. continued.

District and Inspector's Name.	Closets and Ashpits.								Drainage.					Other Defects.										Totals.					
	Defective Privies, Pail Closets and Ashpits.	Conversion of Privies into W.C.'s.	Conversion of Pail Closets into W.C.'s.	Conversion of Privies into Pail Closets.	Defective W.C.'s.	Provision of additional W.C.'s.	Provision of Portable Ashbins.	Dirty Closets.	No disconnection of Waste Pipe.	Defective Waste Pipes, Traps Inlets & Drains.	Drains obstructed.	Paving of Courts and Yards.	Roofs, Eaves Spouts, and Down Spouts.	Sinks.	Insufficient Venti- lation.	Windows.	Dampness.	Water in Cellars.	Water Supply.	Overcrowding.	Foul Condition of Houses.	Offensive Accumu- lations.	Animals improperly kept.		Pigsties.	Smoke Nuisances.	Urinals.	Nuisances not specified	
Shardlow F. G. Forman.	Inspections made	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Informal Notices served	86	111	175	12	39	36	149	12	347	204	72	93	103	48	57	88	3	210	20	17	69	5	27	6	14	102	2113	
	Legal Notices served	40	38	23	2	14	2	103	8	218	89	52	30	31	13	31	32	1	50	6	5	48	2	8	2	2	35	889	
	Nuisances abated	3	4	3	...	...	7	...	...	18	...	3	10	7	7	5	10	...	9	2	4	1	...	...	...	5	16	109	
Sudbury C. E. Ingham	Inspections made	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Informal Notices served	2	...	...	...	...	3	...	1	...	...	1	3	...	...	...	1	1	4	...	...	3	1	...	...	...	...	2	28
	Legal Notices served	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Nuisances abated	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	1	4	...	...	...	...	...	...	...	...	2	24

APPLICATIONS FOR LOANS

FOR PROVISION OF SEWERAGE AND SEWAGE DISPOSAL
WORKS AND WATER SCHEMES DURING 1931.

<i>District.</i>	<i>Date of Inquiry.</i>	<i>Amount of Loan.</i>	<i>Purpose.</i>	<i>Result of Inquiry.</i>
Alvaston & Boulton U.D.	Dec. 30	£3,900	Sewering of Shelton Lock area and pumping station	Scheme not sanctioned
Heanor U.D.	Apr. 28	£12,250	Constitution of auxiliary reservoir at Codnor	Work in progress
Ilkeston Boro'	Nov. 10	£30,000	Construction of new reservoir at Hassock Lane End	Work in progress
Long Eaton	Dec. 11	£8,300	Extension of sewage works to serve parts of Toton, Chilwell, and Attenborough	Work in progress
New Mills U.D.	Nov. 19	£7,400	Provision of water supply for higher parts of District	Scheme not sanctioned
Ripley U.D.	July 8	£29,298	Sewerage and sewage disposal	Scheme not sanctioned
Swadlincote U.D.	Aug. 12	£50,350	Sewerage and sewage disposal	Scheme not sanctioned
Ashbourne R.D.	July 7	£500	Sewerage and sewage disposal for Hognaston	Scheme not sanctioned
Chesterfield R.D.	Feb. 17	£10,776	Sewerage and sewage disposal for North Wingfield and Pilsley	Work in progress
Do.	Sept. 3	£6,585	Sewerage and sewage disposal for Tupton	Work in progress

<i>District.</i>	<i>Date of Inquiry.</i>	<i>Amount of Loan.</i>	<i>Purpose.</i>	<i>Result of Inquiry.</i>
Clowne R.D.	Dec. 1-3	£12,200	Extension at various sewage works	Scheme not sanctioned. Revised scheme to be submitted
Hartshorne & Seals R.D.	June 24	£16,800	Sewering of parts of Hartshorne and disposal works near Nether Hall	Scheme not sanctioned. Revised scheme to be submitted
Shardlow R.D.	Feb. 6	£9,300	Improvements to sewage scheme at Draycott	Work in progress
Do.	Mar. 27	£14,500	Sewerage and sewage disposal of Melbourne	Work in progress
Do.	June 25	£17,200	Extension to sewage works at Chaddesden.	Scheme sanctioned
Do.	Sept. 25	£37,230	Sewerage and sewage disposal of Littleover	Work in progress
Do.	Aug. 7	£10,090	Sewerage and sewage disposal of Spondon	Work in progress

SCHOOLS.

The number of schools closed during the year on account of infectious diseases is given in the following Table. It will be seen that the number closed was the same as that during the previous year. One school was closed by the School Medical Officer and 21 by the Local Sanitary Authority.

TABLE XXVI.

Year.	No. of Schools or De- part- ments closed.	No. Closed by School Med. Officer.	No. Closed by Sanitary Author- ity.	REASON FOR CLOSURE.							
				In- fluenza.	Measles.	Whoop- ing Cough.	Chicken Pox.	Scarlet Fever.	Diph- theria.	Mumps.	Other Causes.
1920	60	24	36	1	44	1	—	3	10	—	1
1921	59	19	40	39	2	7	—	4	6	1	—
1922	44	27	17	11	22	5	1	2	—	—	3
1923	42	23	19	2	21	6	1	5	—	2	5
1924	32	14	18	3	17	2	1	2	1	1	5
1925	52	10	42	11	33	6	—	—	1	1	—
1926	14	1	13	—	8	3	—	2	1	—	—
1927	128	16	112	100	14	2	1	1	1	2	7
1928	19	3	16	—	15	1	—	2	1	—	—
1929	14	2	12	7	1	1	—	3	1	—	1
1930	22	2	20	2	11	1	1	5	—	—	2
1931	22	1	21	5	6	4	1	—	5	—	1

HOUSING.

Housing inspections were carried out during 1931 in the following Rural Districts and Parishes, and the defects were reported to the local Sanitary Inspectors concerned. The following summary gives the conditions found in a general way :—

TABLE XXVII.

DISTRICT.	HOUSES.						
	Totally unfit.	Unfit in present state.	Unfit and over-crowded.	Unfit, over-crowded and sex separation needed.	Over-crowded only.	Over-crowded and sex separation needed.	Sex separation needed only.
ASHBOURNE RURAL.							
Kirk Ireton	...	...	...	...	...	...	...
Carsington	...	...	...	...	...	...	...
Kniveton	...	...	...	...	...	...	...
Brassington	...	...	...	...	...	...	...
Middleton	...	...	...	...	...	...	...
Hartington	...	...	...	...	...	...	...
Parwich	...	...	...	...	...	...	...
	3	19	3	9	5	6	—
							45
CLOWNE RURAL.							
Clowne	...	...	...	...	...	...	...
Barlborough	...	...	...	...	...	...	...
	5	—	—	—	5	—	—
							10
HARTSHORNE & SEALS RURAL.							
Hartshorne	...	...	...	...	...	...	...
Overseal	...	...	...	...	...	...	...
Ticknall	...	...	...	...	...	...	...
Woodville	...	...	...	...	...	...	...
	4	—	—	—	8	10	—
							22
HAYFIELD RURAL.							
Hayfield	...	...	...	...	...	...	...
	—	5	—	—	—	5	2
							12

Blackwell Rural District.

SHIREBROOK.—Consequent upon the special inspection of this District by the County Sanitary Staff in 1930, 321 of the 519 houses inspected had been put into a state of repair by the end of 1931.

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.

Eight licences for the production of Grade "A" milk were issued during 1930 under the Milk and Dairies Amendment Act, 1922.

MILK & DAIRIES (CONSOLIDATION) ACT, 1915 AND TUBERCULOSIS ORDER, 1925.—The procedure set out in the Survey Report for 1925 has again been followed during the year. The work done during the year under the Act and Order is set out below :—

Animals slaughtered under the Tuber-				
culosis Order	...	...	...	429
No. with advanced tuberculosis	...			363
No. with tuberculosis, but not advanced				65
No. not tuberculous	...	...	...	1
Milk samples examined	...	...	...	1,156
„ found positive on direct				
examination	...	...		48
„ found positive on inoculation				138
„ found negative on inoculation				970

Table XXVIII. gives statistical particulars relative to the examination of milk for tubercle made in the County Laboratory during the period 1926-1931.

The samples referred to were sent in under the Milk and Dairies (Consolidation) Act, 1915. They were received principally from the Local Authorities in the County of Derby, including the County Borough of Derby and the Municipal Boroughs of Buxton, Chesterfield, Glossop, and Ilkeston.

Samples of milk sent in under the Tuberculosis Order, 1925, and therefore taken from sources already examined and found positive, are excluded from the Table. The Table gives an indication as to the prevalence of tubercle in milk taken in the ordinary course of sampling, whilst the figures given separately for each of the six years under review give an indication as to the effect of the Tuberculosis Order in the elimination of tubercle from milk. With only six annual percentages on which to base an opinion, it is too early to be dogmatic on the effect of the Order, and all that can be said is that the figures for this County do not show the steady fall which reasonably might have been expected.

SAMPLING OF MILK.

TABLE XXVIII.

	Means of the respective quarters and years 1926-1930.				1931.			
	No. of samples.	No. of completed examina- tions.	No. tuber- culous.	Per cent. of tuber- culous samples.	No. of samples.	No. of completed examina- tions.	No. tuber- culous.	Per cent. of tuber- culous samples.
1st quarter ...	51.4	49.0	4.6	9.38	60	60	8	13.33
2nd „ ...	61.0	59.0	5.2	8.81	92	87	16	18.39
3rd „ ...	56.0	55.2	6.6	11.95	154	152	12	7.89
4th „ ...	73.4	71.6	7.4	10.33	157	153	10	6.53
Mean annual —	241.8	234.8	23.8	10.13	463	452	46	10.18

In order to show the annual increase or decrease. I set out the percentages year by year from 1926 :—

<i>Year.</i>	<i>Completed Examinations.</i>	<i>Number Tuberculous.</i>	<i>Percentage Tuberculous.</i>
1926 ...	220	14	6.36
1927 ...	223	27	12.11
1928 ...	172	23	13.37
1929 ...	271	26	9.59
1930 ...	288	29	10.07
1931 ...	452	46	10.18

In my Report for 1925 I pointed out the desirability of disinfecting cowsheds after occupation by tuberculous animals and various other steps which could be taken to prevent the spread of tuberculosis, expressing the opinion, which I still hold, that slaughtering animals under the Act and Order without at the same time thoroughly disinfecting the cowshed or other premises in which the infected animals have been living is merely a half measure.

GRADING OF MILK.

On pages 78-81 there is an interesting report by the County Agricultural Organiser on the Clean Milk Competitions held in the County, from which it is clear that, in his opinion, some distributors of milk do not regard it as essential that the supply retailed is clean. There is no doubt, to my mind, that a considerable proportion of the general public do not demand clean milk, otherwise the retailer who did not supply the public's need would go out of business. To some extent, therefore, the public have themselves to blame. I say "to some extent" advisedly, for the average member of the general public who fails to understand the complicated standards of cleanliness used in designating milk is not entirely blameworthy. Everybody who has given the matter consideration is agreed that it is time the grades of milk were re-christened. The use of the letters A, B, C, or the numbers 1, 2, 3, has been proposed,

but it has been suggested that this would not be acceptable because there would be "a natural aversion to any system which allows one grade to cast reflections, as it were, on another"—a remarkable sentiment, and unintelligible to me if it does not mean that any simple form of grading comprehensible to the man in the street would be unpopular with some milk dealers.

I have no sympathy whatsoever for the producer of dirty milk who puts an inferior article on the market, and, through the ignorance of the public, can attain as high a price as that obtained by his more careful competitor. A large and increasing number of milk producers take considerable pains to offer clean milk to the public, who should appreciate their efforts. The bacteriological reports on 715 consecutive samples of milk taken in the ordinary course of delivery between November, 1930, and April 30th, 1932, is an indication of this.

For my purpose I am classifying the milks in a designation of my own, viz. :—

Group 1	...	Contains up to 15,000 bact. per c.c.
Group 2	...	15,000 to 100,000 per c.c.
Group 3	...	100,000 to 200,000 per c.c.
Group 4	...	over 200,000 per c.c.

Of the 715 samples examined, there were in

Group 1	...	184 or 26 %
Group 2	...	302 or 42 %
Group 3	...	178 or 11 %
Group 4	...	151 or 21 %

Therefore, excluding the "Coli" test, no less than 79% of the milks fell within "Grade A" standard. The "Coli" test, however, shewed that of

Group 1,	18 or 10 %	contained "Coli" in $\frac{1}{100}$ c.c.
Group 2,	70 or 23 %	do. do.
Group 3,	23 or 29.5 %	do. do.
Group 4,	77 or 51 %	do. do.

In other words, the greater the number of organisms the greater the chance was there that amongst those organisms would be found "coli," which is, of course, exactly what one would expect, and indicates that the "coli" test from this point of view is superfluous.

One could not, for this reason, condemn the "coli" test, but it needs careful consideration as to whether or not the test should be maintained when no less than 10% of milks having less than half the total number of organisms allowed in the highest grade of Designated Milk are positive to the test, and consequently would be condemned even as the third grade of milk, generally spoken of as "Grade A Milk."

My figures suggest that the so-called "coli" test savours too much of a "dip in the lucky bag," and therefore weighs disproportionately against the clean producer. The name "coli" in connection with this test is unfortunate and misleading, the test merely indicating the presence of some member or members of a

large group of organisms of uncertain origin which ferment lactose with the production of acid and gas.

The figures also suggest that, with reasonable care, counts of very considerably less than 200,000 per c.c. are obtainable, and are in fact obtained by four out of five producers, in the ordinary way of business.

DAIRY FARMS AND COWSHEDS.

SUMMARY OF CONDITIONS FOUND AT INSPECTION OF COWSHEDS BY COUNTY SANITARY INSPECTORS.

TABLE XXIX.

		Alvaston and Boulton Urban.	Matloeks Urban.		South Darley Urban.	Belper Rural. (South.)	Repton Rural.	Shardlow Rural.	Sudbury Rural.
			1930	1931					
SHED LIGHTING.				SHEDS					
Sufficient	...	4	13	6	12	2	16	12	3
Insufficient	...	6	44	32	12	16	20	35	4
None	...	—	9	14	3	1	—	—	—
SHED VENTILATION.									
Sufficient	...	4	43	24	13	8	13	21	3
Insufficient	...	6	19	18	12	10	22	26	4
None	...	—	4	10	2	1	1	—	—
SHED DRAINAGE.									
Satisfactory	...	6	45	32	20	19	31	37	7
Defective	...	4	16	20	4	—	4	7	—
None	...	—	5	—	3	—	1	3	—
SHED PAVING.									
Satisfactory	...	5	20	11	17	11	17	27	2
Defective	...	5	46	41	10	8	19	20	5
STANDINGS PAVING.									
Satisfactory	...	6	18	9	13	7	12	25	2
Defective	...	4	48	43	14	12	24	22	5
FEEDING TROUGHS.									
Satisfactory	...	9	62	35	22	19	28	45	7
Defective	...	1	4	17	3	—	8	2	—
None	...	—	—	—	2	—	—	—	—
LOFT OVER.									
None	...	10	12	17	13	14	31	43	7
Yes, Satisfactory	...	—	43	26	12	3	3	3	—
Yes, Unsatisfactory	...	—	11	9	2	2	2	1	—
AIR-SPACE when fully occupied :—									
Over 600 e. f. per cow	...	9	17	5	13	8	25	23	2
500-600	...	—	6	12	—	3	6	15	2
400-500	...	1	9	10	3	7	2	5	3
300-400	...	—	28	17	7	1	1	3	—
200-300	...	—	6	7	4	—	2	1	—
100-200	...	—	—	1	—	—	—	—	—

	Alvaston and Boulton Urban	Matlocks Urban		South Darley Urban	Belper Rural (South)	Repton Rural	Shardlow Rural	Sudbury Rural
		1930	1931					
WATER SUPPLY.								
Public ...	7	28	26	13	—	5	21	—
Well or Spring ...	3	38	26	11	19	31	26	7
Rain water only ...	—	—	—	3	—	—	—	—
MANURE DUMP.								
Satisfactory ...	6	46	33	15	19	18	27	7
Unsatisfactory ...	4	20	19	12	—	18	20	—
CLEANLINESS OF COWS.								
Out ...	5	—	—	—	16	32	21	7
Clean ...	5	—	—	—	—	—	15	—
Fair ...	—	—	—	—	—	—	—	—
Dirty ...	—	—	—	—	3	4	11	—
CLEANLINESS OF SHEDS.								
Clean ...	7	26	19	20	1	28	9	—
Fair ...	—	32	21	2	11	2	10	1
Dirty ...	3	8	12	5	7	6	28	6
STOOLS.								
Clean ...	8	—	—	—	5	30	9	—
Dirty ...	2	—	—	—	14	6	38	7
INTERNAL WALLS.								
Needing rendering in cement ...	1	45	4	15	—	7	1	—
NUMBER OF SHEDS INSPECTED ...								
	10	66	52	27	19	36	47	7
DAIRY.								
Satisfactory ...	1	7	2	5	1	7	4	1
Unsatisfactory ...	2	11	3	7	3	13	9	1
None ...	4	16	22	5	2	1	7	—
NUMBER OF FARMS ...								
	7	34	27	17	6	21	20	2

The following Summary shows the work ascertained to have been carried out in improving the condition of dairy farms since the 1930 inspections:—

TABLE XXX.

	SHEDS.							
	Bakewell Urban.	Matlocks Urban.	North Darley U.	Ashbourne Rural.	Bakewell Rural.	Belper R. (South).	Chapel Rural.	Norton Rural.
New cowsheds built ...	—	4	3	10	15	1	4	1
Sheds not now used for milk beast ...	16	19	12	11	—	—	—	22
New shed floors laid ...	5	35	7	48	42	67	16	5
Shed floors repaired ...	2	3	4	9	12	1	—	15
Feeding troughs repaired or provided ...	—	5	6	—	37	—	—	—
Lighting and ventilation improved ...	9	36	13	72	77	45	12	6
Lofts removed ...	2	2	—	—	?	—	11	—
Loft floors improved ...	—	13	3	10	37	—	—	3
Drain inlets removed to outside ...	—	2	5	12	21	10	—	1
Drainage provided ...	1	4	5	15	23	2	15	3
Walls rendered in cement ...	6	34	12	4	71	5	13	10
Standings paved ...	5	7	1	18	14	25	—	—
Sheds remodelled internally ...	1	2	4	9	?	—	6	3
Approach paving repaired ...	1	—	—	16	13	3	10	7
Sheds cleaned up ...	3	—	—	10	23	18	—	40
Manure dump moved ...	—	1	—	5	29	—	—	6
Manure dump improved ...	2	—	—	11	8	—	—	4
Number of sheds at which work is completed ...	12	43	12	78	—	—	—	20
Number of sheds at which work is in progress ...	?	10	2	45	—	?	—	6
FARMS.								
New dairies built ...	—	7	4	3	14	9	3	4
Dairies improved ...	2	—	5	11	13	—	—	—
Farms since given up ...	—	5	—	—	—	—	13	14
Number of farms in district ...	28	65	41	690	520	221	—	46
Number of cowsheds ...	40	127	73	1300	1100	556	—	95

DAIRIES, COWSHEDS, AND MILKSHOPS.
 DETAILS OF WORK DONE BY LOCAL SANITARY INSPECTORS.
 TABLE XXXI.

<i>Urban Districts.</i>	<i>Number on Register.</i>	<i>Inspections made.</i>	<i>Notices served.</i>	<i>Nuisances abated.</i>
Alfreton	63	354	30	40
Alvaston & Boulton	15	37	4	4
Ashbourne	31	50	33	33
Bakewell	29	105	50	12
Baslow	10	4	—	—
Belper	42	42	5	5
Bolsover	52	109	6	22
Bonsall	39	53	10	2
Brampton & Walton	79	112	—	12
Buxton (Boro') ..	68	477	16	29
Chesterfield (Boro')	269	283	—	—
Clay Cross	31	42	14	34
Dronfield	29	64	6	2
Glossop (Boro') ..	91	565	19	18
Heage	27	36	2	2
Heanor	103	52	20	22
Ilkeston (Boro') ..	156	132	1	1
Long Eaton	42	96	2	22
Matloeks	166	187	3	175
New Mills	84	41	—	—
North Darley	43	91	40	51
Ripley	52	56	—	3
South Darley	20	33	38	18
Swadlincote	32	156	7	11
Wirksworth	52	52	50	26
	1625	3229	356	544
<i>Rural Districts.</i>				
Ashbourne	690	310	210	150
Bakewell	478	878	114	414
Basford	27	36	6	6
Belper	358	371	10	24
Blaekwell	315	405	21	32
Chapel-en-le-Frith...	358	243	140	122
Chesterfield	788	841	157	603
Clowne	85	194	2	2
Glossop Dale	62	110	6	6
Hartshorne & Seals	113	133	39	44
Hayfield	60	89	37	—
Norton	95	120	—	58
Repton	220	471	48	65
Shardlow	384	194	92	101
Sudbury	202	196	—	—
<i>Rural Districts ...</i>	4235	4591	882	1627
<i>Urban Districts ...</i>	1625	3229	356	544
<i>Whole County ...</i>	5860	7820	1238	2171

CLEAN MILK COMPETITIONS.

This year the usual competitions for clean milk were continued, under the organisation of the County Agricultural Organiser, Mr. J. R. Bond, M.Sc., who reports as follows :—

In the course of the clean milk competitions which have been conducted annually in Derbyshire for several years, the various sources of possible contamination have been studied, and information on the subject has been disseminated widely among milk producers in the County. Several hundred farmers have themselves had the experience of attempting to produce super milk and of learning, from the detailed laboratory reports furnished after each sampling, to what extent the bacterial content and keeping quality of milk may be influenced by cowshed and milk-house methods.

While farmers have shown such interest in the subject, however, the majority of the purchasers of milk have made little advancement. One of the largest distributing concerns in the province still satisfies itself with the filter-pad test, which perpetuates the idea among producers that the sieve is an aid to clean milk production. There are other distributors, however, who make no regular tests of any kind; indeed, few farmers who offer clean milk are able to find a purchaser willing to discriminate in a practical manner between one dairy and another.

In contrast with the general attitude of milk distributors, certain buyers now recognise that it is not only equitable, but also good business to purchase their supplies on a quality basis. The effect of a bonus or penalty of $\frac{1}{2}$ d. per gallon is amazing. Specific cases could be recited of parishes where neither sanitary inspection nor educational effort had been very successful until the introduction of a bonus scheme, which immediately caused producers to interest themselves in modern methods and to enter the county competitions.

There is no doubt that wholesale purchasers could have an immense influence on the hygienic quality of milk if they would adopt the principle of payment according to quality. This is not quite the same as the neck-stretching scheme of certain firms which purchase milk produced in Derbyshire. The scheme here criticised is that of awarding a bonus of $\frac{1}{2}$ d. to 1d. per gallon to the ten or twenty producers highest in the list as drawn up in accordance with the results of the fortnightly or monthly test.

An equitable scheme should entitle the producer to a graduated bonus for the production of milk superior to an acceptable standard, and a penalty should be similarly imposed for failure to attain that standard. The adoption of Grade A figures as the basal quality for this purpose could not be considered to favour the producer. Marks might be awarded for each weekly or fortnightly sample on a simple scale, such as the following :—

<i>Bacterial Count.</i>			<i>B. Coli Test.</i>		
		<i>Marks</i>			<i>Marks</i>
Under 30,000	...	100	Absent in 1 c.c.	...	100
30,000—100,000	...	75	„ $\frac{1}{10}$ c.c.	...	75
100,000—300,000	...	50	„ $\frac{1}{100}$ c.c.	...	50
300,000—600,000	...	25	„ $\frac{1}{1000}$ c.c.	...	25
Over 600,000	...	0	Present in $\frac{1}{1000}$ c.c.	...	0

The bonus might then be paid or the penalty deducted from the standard price per gallon as follows :—

<i>Marks</i>	<i>Bonus</i>	<i>Marks</i>	<i>Penalty</i>
100	0d.	100	0d.
125	$\frac{1}{4}$ d.	75	$\frac{1}{4}$ d.
150	$\frac{1}{2}$ d.	50	$\frac{1}{2}$ d.
175	$\frac{3}{4}$ d.	25	$\frac{3}{4}$ d.
200	1d.	0	1d.

The larger distributors could reasonably be expected to provide laboratory facilities for such tests, and smaller retailers might join in making arrangements for laboratory work.

In the 1931 competitions, 63 competitors entered, 16 being in the County Championship Class, 13 in the Small Herds Class, 19 in the Large Herds Class, and 15 in the Chesterfield Retailers' Class. The following are particulars of samples taken :—

	<i>Bacterial counts with</i>			
	<i>Cert. standard.</i>	<i>Grade A. standard.</i>	<i>Ungraded.</i>	<i>Total.</i>
County Championship	65	18	11	94
Small Herds ...	14	15	47	76
Large Herds ...	36	23	53	112
Chesterfield Retailers	20	26	44	90
	—	—	—	—
Totals ...	135	82	155	372
	—	—	—	—

The following is the report of the Inspecting Judge :—

INSPECTING JUDGE'S REPORT.

At the invitation of the Agricultural Organiser, I was privileged to act as Inspecting Judge of the Derbyshire Cleanest Milk Competition, 1931. As in previous years, the farms visited were judged by a score card system, the marks being awarded entirely on the methods used in the handling of the milk. Fourteen farms were judged—seven in the Championship Class, three in the Small Herd Class, and four in the Large Herd Class.

Management of Cowsheds and Cows.

The cowsheds on most of the farms visited were not of model construction, but in every instance walls and partitions were white-washed, and the cleanliness of the floors evidenced daily attention. In most cases the adjoining yards and drains were kept clean and

the dung removed to a reasonable distance from the cowshed itself. The importance of the latter factor in freeing the cowshed and its surroundings from risks of heavily contaminated dust and flies must not be overlooked, especially during the summer months.

On most of the farms visited, the cows' udders were thoroughly washed, but thorough washing of the flanks was only practised in a few instances. Many of the farms had, however, realised the importance of damping the flanks in order to prevent dust and hair falling into the milk. The pails and cloths used for this purpose were not as well cared for as one would desire. It is evident that little benefit can accrue from washing cows with dirty cloths and pails. Whilst it is important that these cloths and pails, heavily contaminated as they often are, should not be sterilised in contact with the actual milking utensils, it is absolutely necessary that some method of maintaining them in a hygienic condition should be adopted.

Clipping the udders was not very common, a factor which, when properly carried out, considerably reduces the labour involved in washing, and at the same time reduces the possibility of hair and dust from this source falling into the pail during milking.

Management of milk room and milking.

The milk rooms, in most cases anything but elaborate buildings, were kept scrupulously clean. One or two farms were cooling in lean-to sheds with open sides, a practice which must be deprecated owing to the possibility of contamination of the milk during this important operation.

With one or two exceptions, the utensils presented a clean appearance on naked eye inspection. On one or two farms there was slight suspicion of dried milk on some parts of the utensils, the farmers generally attributing this appearance to lime deposits during sterilisation. It was evident that, if such were the case, the lime has been allowed to accumulate, and the amount was in excess of the quantity to be expected after a single sterilisation. Boiling utensils in a copper or scalding utensils with boiling water are much more likely to produce this deposit than steam sterilisation, as by the latter method the steam will be free from lime. The presence of any deposit, especially dried milk on utensils, protects the bacteria from the sterilising action of steam or boiling water, and every effort should be made to prevent the accumulation of such deposits.

Steaming or scalding was practised on all farms visited, and there was every indication that the treatment was effective. The use of thermometers for checking the temperature of the steaming tank or of the water used for scalding was not as general as one would desire. It is impossible to specify any definite period of time for effective steaming where the temperature is not known, and several of the competitors were of the opinion, and rightly so, that many marks had been lost on the bacteriological results owing to the

absence of a thermometer for checking the efficiency of their sterilisers.

It was very interesting to note that most of the competitors who were using boiling water for scalding utensils had realised the importance of performing this operation shortly before milking. Scalding cannot be depended upon to completely sterilise dairy utensils, and in hot summer weather any bacteria left are apt to increase in numbers at a very rapid rate if the utensils are scalded several hours before milking commences. This method has a further advantage where the farm copper is used, in that a supply of boiling water can be obtained for scalding utensils after the afternoon milking without re-lighting the fire, thus reducing fuel costs.

Milking and subsequent handling of the milk.

On every farm, dry-handed milking was practised, and the first few strips from each teat discarded. In most cases a separate pail was used for the latter operation. The practice of discarding the fore milk on to the floor must be deprecated both from an economic standpoint also as a possible means of spreading udder trouble and as a source of foul odours in the cowshed.

Where tubular coolers were in use they were taken full advantage of, and in every instance the rate of flow of the milk was so controlled that the difference between the temperature of the milk and that of the water had been reduced to a minimum.

Where cooling is carried out by standing the churns in a tub of cold water it is extremely important that the water be changed after the milk has been standing in it for about half an hour. If the water is not changed, its temperature is raised by the heat from the warm milk, and this results in the milk being maintained at a temperature extremely favourable for bacterial growth.

Conclusions.

It was extremely interesting to note the keen interest taken by Competitors in the Competition. It is evident that it was not merely a cup-hunting contest, there being a genuine effort to produce a clean article on commercial lines. The results of this and other Competitions in the past have definitely proved that Clean Milk can be produced on the average Derbyshire farm. It was furthermore, very interesting to note that in some areas the value of the cleaner article has been recognised by the trade, monetary inducement being given to encourage its production. It is to be hoped that in the near future milk buyers will give further financial recognition to the producers of the cleaner and better article.

In conclusion, I should like to thank the Agricultural Organiser and his staff for facilitating my visits to the farms and the Competitors for the courtesy with which I was received.

(Signed) A. ROWLANDS,
Inspecting Judge.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

Mr. John White, F.I.C., the County Analyst, reports on the work carried out under the Act, as follows :—

The collection of samples for analysis under the above Act is made by Sampling Officer William Etchells, who is a whole-time Officer, duly appointed by the County Council under the Food and Drugs (Adulteration) Act. In addition, he acts as Official Sampler and Inspector under the Fertilisers and Feeding Stuffs Act, 1926. His work is supervised by me as County Analyst and Agricultural Analyst, and he collects the samples day by day throughout the year. Arrangements are made whereby the County is covered as systematically as possible.

The following is a summary of the work done during the year 1931 :—

<i>Total samples analysed.</i>	<i>Percentage adulterated.</i>	<i>Milk samples.</i>	<i>Percentage. adulterated.</i>
2075	1.6	769	3.1

The average composition of the milk samples was as follows :—

<i>Non-fatty solids.</i>	<i>Fat.</i>	<i>Total solids.</i>
8.79	3.68	12.47

THE PUBLIC HEALTH (PRESERVATIVES IN FOOD) REGULATIONS.

Under these regulations, the only preservative substance permitted to be added to foodstuffs are Sulphur Dioxide and Benzoic Acid, the addition being controlled by a Schedule stating the maximum amount of each which may be added to certain specified articles of food. Any article of food not included in the Schedule must be sold free from preservatives.

The whole of the samples of milk, butter, cream, and margarine were free from preservatives.

In addition to the articles named in the last paragraph, 399 samples of various materials were specially examined for the presence of preservatives.

The provisions of these Regulations appear to be well observed by traders in the County, and no serious infringement of these Regulations was found during the year.

Two samples of sausages contained Boric Acid to the amount of two grains per pound. The use of Boric Acid as a preservative is prohibited, and the vendors were so informed, and accordingly ceased its use.

A specimen of Lemon Squash contained three grains of Salicylic Acid per pint. This was found to be the last bottle of an old stock.

Fifteen samples of various makes of Crustless Cheese were specially examined for the presence of Tin, the maximum amount found being half a grain per pound, whereas two grains per pound is the generally-accepted permissible maximum.

Water.—The Urban and Rural District Councils in the County submit for analysis samples of water, under an arrangement made by the Public Health Committee, whereby they are analysed at nominal fees.

The number of samples received during 1931 was 155.

Samples of water, sewage effluents, etc., are periodically submitted to me on behalf of the Public Health Committee, and general chemical work is undertaken for the various Committees of the County Council, as required.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

Notifiable Diseases.—The following Table, prepared from information given by the Local Medical Officers of Health and compiled at the request of the Ministry of Health, shews the incidence of notifiable diseases in the County during the year 1931 :—

TABLE XXXII.

	<i>Total Cases Notified.</i>	<i>Cases admitted to Hospital.</i>	<i>Deaths.</i>
Smallpox	243	241	1
Scarlet Fever... ..	962	705	4
Diphtheria	482	399	24
Enteric Fever	32	15	6
Puerperal Fever	32	17	22
Puerperal Pyrexia	71	28	30
Pneumonia	923	18	434
Cerebro-spinal Fever ..	99	79	51
Erysipelas	223	4	—*
Ophthalmia Neonatorum ..	51	7	—*
Encephalitis Lethargica ...	9	2	—*
Measles	—*	5	27
Chickenpox	—*	—*	—*

* No information available.

TABLE XXXIII.
Analysis in Age Groups of Cases of Notifiable Diseases
during 1931.

	Small- pox.	Scarlet Fever.	Diphth- eria.	Typhoid Fever.	Puerperal Fever.	Puerperal Pyrexia.	Pneu- monia.	Erysi- pelas.
Under 1 year	3	6	4	1	—	—	77	4
1 „	4	25	14	—	—	—	58	4
2 „	1	37	20	—	—	—	56	2
3 „	4	57	25	—	—	—	43	—
4 „	6	58	17	—	—	—	38	—
5 „	43	408	151	4	—	—	121	—
10 „	54	191	130	2	—	—	44	5
15 „	33	69	41	5	2	1	62	8
20 „	47	86	57	6	21	56	149	39
35 „	17	17	16	5	7	13	91	41
45 „	27	8	5	7	2	1	122	91
65 and over	4	—	2	2	—	—	62	29
Total	243	962	482	32	32	71	923	223

TABLE XXXIV.

Shewing the number of Cases, and the number of Deaths given by Registrar-General, the case rate per 1,000 of population and the case mortality per cent from Smallpox, Scarlatina, Diphtheria and Typhoid Fever.

URBAN DISTRICTS.	SMALLPOX.				SCARLATINA.				DIPHTHERIA AND MEMBRANOUS CROUP.				TYPHOID FEVER.			
	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.
Alfreton ...	51	1	2.38	1.96	28	...	1.31	...	8	...	.37	...	...	...	...	...
Alvaston & Boulton ...	...	...	...	...	8	...	2.40	...	1	1	.30	100.00	...	...	...	...
Ashbourne ...	...	...	...	...	1	...	.22	...	2	...	.44	...	...	...	...	...
Bakewell ...	...	...	...	...	2	...	.67	...	1	...	.33	...	...	...	...	...
Baslow ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Belper ...	...	...	...	...	3	...	.22	...	1	1	.07	100.00	...	...	...	...
Bolsover ...	...	...	...	...	17	...	1.42	...	6	...	.50	...	1	...	.08	...
Bonsall ...	...	...	...	...	...	...	...	...	1	...	.85	...	...	...	...	...
Brampton & Walton ...	...	...	...	...	2	...	.85	...	...	...	...	...	...	...	...	...
Buxton (Boro') ...	...	...	...	...	22	...	1.47	...	2	...	.13	...	...	...	...	...
Chesterfield (Boro') ...	118	...	1.82	...	105	1	1.62	.95	39	2	.60	5.12	5	1	.07	20.00
Clay Cross ...	...	...	...	...	10	...	1.16	...	7	...	.81	...	...	...	...	...
Dronfield ...	...	...	...	...	5	...	1.10	...	2	...	.44	...	...	...	...	...
Glossop (Boro') ...	...	...	...	...	14	...	.71	...	8	1	.40	12.50	...	...	...	...
Heage ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Heanor ...	...	...	...	...	32	1	1.41	3.12	12	...	.53	...	2	...	.69	...
Ilkeston (Boro') ...	...	...	...	...	17	...	.51	...	1	...	.03	...	...	...	...	...
Long Eaton ...	...	...	...	...	74	...	3.25	...	3	...	.13	...	...	...	...	...
Matlocks ...	...	...	...	...	7	...	.69	...	15	1	1.49	6.66	3	...	.30	...
New Mills ...	...	...	...	...	7	...	.81	...	6	...	.69	...	...	...	...	...
North Darley ...	...	...	...	...	3	...	.69	...	5	...	1.15	...	...	...	...	...
Ripley ...	...	...	...	...	17	...	4.25	...	...	...	...	...	1	...	.07	...
South Darley ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	100.00
Swadlincote ...	...	...	...	...	24	1	1.16	4.16	13	...	.63	...	4	1	.19	25.00
Wirksworth ...	...	...	...	...	5	...	1.27	...	2	...	.51	...	...	...	...	...
<i>Urban Districts ...</i>	169	1	.53	.59	403	3	1.26	.74	135	6	.42	4.44	16	3	.05	18.75
RURAL DISTRICTS.	SMALLPOX.				SCARLATINA.				DIPHTHERIA AND MEMBRANOUS CROUP.				TYPHOID FEVER.			
	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.
Ashbourne ...	...	...	...	...	4	...	.39	...	16	...	1.54	...	...	...	...	...
Bakewell ...	...	...	...	...	16	1	.87	6.24	36	1	1.96	2.77	...	...	...	...
Basford ...	...	...	...	...	1	...	.54	...	1	...	.54	...	1	...	.54	...
Belper ...	2	...	.08	...	20	...	.80	...	3	1	.12	33.33	...	...	...	...
Blackwell ...	1	...	.02	...	103	...	2.39	...	47	4	1.09	8.51	...	...	...	...
Chapel-en-le-Frith ...	...	...	...	...	34	...	1.91	...	14	...	.78	...	1	...	.05	...
Chesterfield ...	72	...	.87	...	201	...	2.43	...	147	11	1.78	7.48	10	3	.12	30.00
Clowne ...	...	...	...	...	39	...	2.18	...	8	1	.44	12.50	...	...	...	...
Glossop Dale ...	...	...	...	...	3	...	.75	...	2	...	.50	...	...	...	...	...
Hartshorne & Seals ...	...	...	...	...	4	...	.46	...	6	...	.69	...	...	...	...	...
Hayfield ...	...	...	...	...	15	...	3.54	...	2	...	.47	...	...	...	...	...
Norton ...	...	...	...	...	16	...	2.44	...	1	...	.15	...	2	...	.30	...
Repton ...	...	...	...	...	36	...	1.93	...	19	...	1.02	...	4	...	.21	...
Shardlow ...	...	...	...	...	53	...	1.37	...	35	...	.91	...	1	...	.02	...
Sudbury ...	...	...	...	...	3	...	1.18	...	...	...	...	...	...	...	...	...
<i>Rural Districts ...</i>	75	...	.24	...	548	1	1.82	.18	337	18	1.12	5.34	19	3	.06	15.78
<i>Urban Districts ...</i>	169	1	.53	.59	403	3	1.26	.74	135	6	.42	4.44	16	3	.05	18.75
<i>Whole County ...</i>	244	1	.39	.41	951	4	1.53	.42	472	24	.76	5.08	35	6	.05	17.14

TABLE XXXV.

Cases of Notifiable Diseases notified during 1931
as reported by the Local Medical Officers of Health.

Urban Districts.	Tuberculosis.		Small-Pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puer-peral Fever.	Puer-peral Pyrexia.	Cerebro-Spinal Fever.	Erysipelas.	Ophth. Neon.	Enceph. Letharg.
	Pulmonary.	Other										
Alfreton ..	12	6	48	28	11	1	4	4	2	5	2	..
Alvast'n & Boul't'n ..	9	..	..	9	1	..	..	3	..	1	..	..
Ashbourne ..	4	5	..	1	2	..	..	1	..	1	..	..
Bakewell ..	6	3	..	2	1	..	..	..	..	..	..	..
Baslow ..	..	..	..	..	..	..	..	..	..	..	..	..
Belper ..	12	5	..	3	..	..	..	..	2	5	..	..
Bolsover ..	8	1	..	19	6	1	..	2	5	3	1	1
Bonsall ..	1	2	..	..	1	..	1	1	..	1	..	..
Brampt'n & Walt'n ..	1	..	..	2	..	..	..	1	..	..	..	..
Buxton (Boro') ..	17	4	..	23	2	..	1	2	1	2	..	2
Chesterfield (Boro') ..	50	23	120	106	39	5	3	2	5	28	4	..
Clay Cross ..	2	3	..	10	7	..	..	..	1	2	..	..
Dronfield ..	4	..	..	4	2	..	..	1	..	..	..	..
Glossop (Boro') ..	18	9	..	14	8	..	..	..	..	5	1	..
Heage ..	1	1	..	..	1	..	..	..	..	1	..	..
Heanor ..	18	7	..	32	13	2	1	1	1	6	2	..
Ilkeston (Boro') ..	33	10	..	17	1	..	2	4	..	4	2	..
Long Eaton ..	13	6	..	74	3	..	..	3	..	5	1	..
Matlocks ..	9	4	..	4	14	2	2	..	..	..	2	..
New Mills ..	11	4	..	8	7	..	1	2	..	6	1	1
North Darley ..	3	..	..	3	5	..	..	3	..	..	..	..
Ripley ..	8	5	..	17	..	1	2	2	1	2	..	..
South Darley ..	..	..	..	..	..	..	..	..	..	..	..	..
Swadlincote ..	12	5	..	24	8	4	..	6	2	12	3	1
Wirksworth ..	3	1	..	5	4	..	..	2	..	1	..	..
<i>Urban Districts</i>	255	104	168	405	137	16	17	40	20	90	19	5
Rural Districts.	Tuberculosis.		Small-Pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puer-peral Fever.	Puer-peral Pyrexia.	Cerebro-Spinal Fever.	Erysipelas.	Ophth. Neon.	Enceph. Letharg.
	Pulmonary.	Other.										
Ashbourne ..	9	3	..	5	17	..	..	1	1	3	1	1
Bakewell ..	15	11	..	18	40	..	..	..	1	8	..	..
Basford ..	1	..	..	1	1	..	..	..	..	..	..	..
Belper ..	17	7	2	20	3	..	..	5	..	8	2	..
Blackwell ..	39	28	1	103	47	..	3	5	56	23	6	..
Chapel-en-le-Frith ..	12	1	..	34	15	1	..	1	..	8	2	..
Chesterfield ..	67	51	72	204	150	10	6	8	8	42	13	1
Clowne ..	16	9	..	39	8	..	2	1	11	10	2	..
Glossop Dale ..	1	1	..	3	2	..	..	..	..	2	..	1
Hartshorne & Seals ..	5	8	..	6	5	..	..	..	..	..	..	..
Hayfield ..	5	1	..	15	2	..	..	2	..	3	..	..
Norton ..	6	1	..	16	1	2	..	1	1	5	..	..
Repton ..	17	5	..	36	19	2	..	2	..	3	..	1
Shardlow ..	42	8	..	54	35	1	3	5	1	18	6	..
Sudbury ..	1	2	..	3	..	..	1	..	..	..	..	..
<i>Rural Districts</i>	253	136	75	557	345	16	15	31	79	133	32	4
<i>Urban Districts</i>	255	104	168	405	137	16	17	40	20	90	19	5
<i>Whole County</i>	508	240	243	962	482	32	32	71	99	223	51	9

Smallpox.—The following Table shows the number of cases of Smallpox as given by the Registrar General during the years 1921—1931 inclusive, and shows that, although the disease is still prevalent, there has been a marked decrease in the number of cases notified during the last two years:—

TABLE XXXVI.

	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931
<i>Urban Districts.</i>											
Alfreton ...	...	...	23	1	...	2	123	130	108	41	51
Alvaston & Boulton ...	...	...	...	...	18	1	...	4	3	...	...
Ashbourne ...	...	...	...	...	...	...	...	1	...	...	...
Belper ...	...	1	1	...	2	70	103	36	63	...	...
Bolsover ...	...	15	19	36	7	19	...	78	120	4	...
Brampton & Walton ...	...	...	...	...	...	...	1	...	...	...	...
Chesterfield (Boro') ...	...	...	32	518	76	2	8	11	24	12	118
Clay Cross ...	...	...	...	3	52	...	...	1	52	59	...
Heage ...	...	...	...	...	...	39	27	2	2	1	...
Heanor ...	...	34	144	11	1	...	3	40	3	1	...
Ilkeston (Boro') ...	...	100	15	3	...	...	...	34	4	1	...
Long Eaton ...	14	1	43	12	...	...	...	2	1	1	...
Matlocks ...	1	...	...	...	...	...	1	...	...	...	...
North Darley ...	...	...	...	...	...	...	...	...	2	...	...
Ripley ...	...	...	5	1	1	9	119	15	6	...	...
Swadlincote ...	...	...	8	135	...	10	7	...	...	...	...
Wirksworth ...	...	...	...	...	...	1	...	1	...	...	...
<i>Rural Districts.</i>											
Bakewell ...	1	...	...	...	...	...	...	...	...	...	...
Basford ...	1	2	...	...	...	...	...	...	...	...	...
Belper ...	...	49	...	...	...	8	46	18	40	...	2
Blackwell ...	1	8	77	154	77	47	17	101	130	3	1
Chesterfield ...	...	...	...	216	91	5	9	101	133	7	72
Clowne ...	...	15	86	4	1	...	3	...	...	...	...
Hartshorne & Seals ...	...	...	1	2	...	...	...	...	...	...	...
Repton ...	...	...	...	5	2	1	1	...	...	...	...
Shardlow ...	3	3	22	22	11	10	6	34	5	1	...
Totals ...	21	228	476	1123	339	224	474	609	696	131	244

TABLE XXXVII.

SMALLPOX AND VACCINATION.

Information supplied by Local Medical Officers of Health.

	No. of Cases Notified.	Number		
		Vaccinated and Re- vaccinated.	Vaccinated in Infancy.	Unvac- cinated.
<i>Urban Districts</i>				
Alfreton	48	—	3	45
Alvaston and Boulton ...	—	—	—	—
Ashbourne	—	—	—	—
Bakewell	—	—	—	—
Baslow	—	—	—	—
Belper	—	—	—	—
Bolsover	—	—	—	—
Bonsall	—	—	—	—
Brampton & Walton ...	—	—	—	—
Buxton (Boro') ...	—	—	—	—
Chesterfield (Boro') ...	120	—	13	107
Clay Cross	—	—	—	—
Dronfield	—	—	—	—
Glossop (Boro') ...	—	—	—	—
Heage	—	—	—	—
Heanor	—	—	—	—
Ilkeston (Boro') ...	—	—	—	—
Long Eaton	—	—	—	—
Matlocks	—	—	—	—
New Mills	—	—	—	—
North Darley	—	—	—	—
Ripley	—	—	—	—
South Darley	—	—	—	—
Swadlineote	—	—	—	—
Wirksworth	—	—	—	—
<i>Urban Districts</i> ...	168	—	16	152
<i>Rural Districts.</i>				
Ashbourne	—	—	—	—
Bakewell	—	—	—	—
Basford	—	—	—	—
Belper	2	—	2	—
Blackwell	1	—	—	1
Chapel-en-le-Frith ...	—	—	—	—
Chesterfield	72	—	9	63
Clowne	—	—	—	—
Glossop Dale	—	—	—	—
Hartshorne & Seals ...	—	—	—	—
Hayfield	—	—	—	—
Norton	—	—	—	—
Repton	—	—	—	—
Shardlow	—	—	—	—
Sudbury	—	—	—	—
<i>Rural Districts</i> ...	75	—	11	64
<i>Urban Districts</i> ...	168	—	16	152
<i>Whole County</i> ...	243	—	27	216

Diphtheria.—The number of cases of diphtheria notified during the year was 472, compared with 1,011 in 1930, while the number of deaths was 24 as against 60 in the previous year. The case mortality in 1931 was 5·08, compared with 5·93 in 1930.

The numbers of specimens received at the County Laboratory for examination for the diphtheria bacillus during the past eight years are as follows :—

1924	...	4,031
1925	...	5,802
1926	...	5,102
1927	...	4,154
1928	...	3,976
1929	...	4,695
1930	...	8,407
1931	...	4,664

Scarlet Fever.—During the year, 951 cases of this disease were notified, of which four proved fatal, compared with 2,207 cases and seven deaths in 1930. The figures for 1931 give a case mortality of ·42, compared with ·32 the rate for the previous year.

Whooping Cough. 34 deaths occurred from this disease during 1931, as compared with 32 in 1930. The figures for 1931 give a death rate of ·05 per thousand of the population.

Measles. The total number of deaths from Measles during the year was 27, compared with 56 in 1930.

Polio-Myelitis. During the year, 12 cases of this disease were notified. Three of these were investigated by the Orthopædic Surgeon.

TABLE XXXVIII.—**Cancer.**

*Death Rate per annum in England and Wales and Derbyshire,
and number of Deaths in Derbyshire, since 1901.*

Year.	Death Rates.		No. of	
	England and Wales.	Derbyshire.	Deaths in Derbyshire.	
1901-1910 ...	0·89 ...	0·667 ...	346 average	
1911 ...	0·99 ...	0·730 ...	410	
1912 ...	1·10 ...	0·728 ...	414	
1913 ...	0·98 ...	0·822 ...	472	
1914 ...	0·98 ...	0·872 ...	507	
1915 ...	0·96 ...	0·830 ...	460	
1916 ...	0·98 ...	0·951 ...	513	
1917 ...	0·99 ...	0·929 ...	489	
1918 ...	0·99 ...	1·022 ...	532	
1919 ...	1·17 ...	0·871 ...	481	
1920 ...	1·16 ...	0·988 ...	559	
1921 ...	1·21 ...	0·990 ...	586	
1922 ...	1·22 ...	0·980 ...	585	
1923 ...	1·26 ...	1·010 ...	606	
1924 ...	1·29 ...	0·990 ...	605	
1925 ...	1·33 ...	0·987 ...	604	
1926 ...	1·36 ...	1·153 ...	710	
1927 ...	1·37 ...	1·246 ...	774	
1928 ...	1·42 ...	1·190 ...	743	
1929 ...	1·43 ...	1·148 ...	717	
1930 ...	1·45 ...	1·155 ...	721	
1931 ...	... ...	1·238 ...	766	

TABLE XXXIX.

*Table shewing incidence of deaths from Cancer among Males and
Females at varying ages.*

Year.	AGES.										Grand Total.
	Under 25		25—45		45—65		65 and over.		Totals.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1916	6	5	21	38	101	143	96	103	224	289	513
1917	3	5	10	35	102	143	90	101	205	284	489
1918	3	6	13	38	112	153	98	109	226	306	532
1919	5	5	12	37	101	129	85	107	203	278	481
1920	5	2	21	36	114	149	120	112	260	299	559
1921	4	1	24	32	103	152	130	140	261	325	586
1922	3	5	19	34	122	178	105	119	249	336	585
1923	3	3	11	36	126	177	121	129	261	345	606
1924	3	4	15	32	126	149	141	135	285	320	605
1925	2	5	16	29	132	146	139	135	289	315	604
1926	5	5	12	40	148	182	152	166	317	393	710
1927	5	3	23	41	166	209	156	171	350	424	774
1928	2	6	20	38	150	187	177	161	349	394	743
1929	6	1	22	24	147	157	167	193	342	375	717
1930	5	4	12	27	157	169	179	168	353	368	721
1931	4	2	13	37	163	176	203	168	383	383	766

Enteric Fever. 35 cases of this disease occurred during the year, with six deaths, giving a case mortality of 17·14, compared with 19·23, for the previous year. The following table gives the case mortality per cent., the death rate per 1,000 of population and the case rate per 1,000 of population for the last thirty-one years :—

TABLE XL—**Enteric or Typhoid Fever.**

Year.	Cases.	Case Mortality per cent.	Death Rate per 1,000 pop.	Case rate per 1,000 of population.
1900	678	14·8	·203	1·36
1901	495	15·5	·16	·98
1902	262	17·5	·09	·52
1903	340	10·5	·07	·67
1904	352	15·0	·11	·68
1905	263	17·11	·09	·50
1906	333	15·0	·09	·62
1907	194	18·56	·07	·35
1908	238	15·55	·07	·43
1909	157	15·27	·05	·27
1910	143	12·59	·03	·25
1911	189	15·34	·05	·33
1912	116	21·55	·04	·20
1913	120	20·83	·04	·21
1914	59	13·56	·01	·10
1915	88	22·7	·03	·16
1916	74	22·98	·03	·13
1917	52	19·24	·02	·09
1918	58	25·86	·02	·11
1919	123	12·20	·02	·22
1920	58	13·79	·01	·10
1921	63	12·70	·01	·10
1922	25	8·0	·003	·04
1923	42	16·66	·01	·07
1924	52	7·69	·01	·08
1925	37	8·10	·005	·06
1926	26	15·39	·006	·04
1927	47	12·76	·009	·07
1928	23	17·39	·01	·04
1929	26	23·07	·01	·04
1930	26	19·23	·008	·04
1931	35	17·14	·009	·05

Encephalitis Lethargica. The following Table gives the number of cases of Encephalitis Lethargica notified in the County during the years 1921—1931 :—

TABLE XLI.

Districts.	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931
URBAN.											
Alfreton ...	1	...	...	1	1	...	...	...	...	...	...
Bakewell ...	...	1	...	1	...	1	...	...	...	1	...
Belper ...	3	...	2	...	...	...	...	1	...	...	...
Bolsover ...	...	...	...	...	1	1	...	...	...	...	1
Bonsall ...	...	1	...	...	...	...	...	...	...	...	...
Brampton & Walton	...	...	...	1	...	...	...	...	...	...	...
Buxton Boro'	...	1	...	2	1	1	...	1	...	...	1
Chesterfield Boro'	2	...	1	8	11	5	4	6	4	2	...
Clay Cross ...	...	...	...	2	2	...	...	...	2	...	...
Dronfield ...	...	...	...	4	1	...	...	...	...	...	...
Glossop Boro'	...	1	2	2	...	...	1	3	...	...	...
Heage ...	1	...	...	1	...	...	1	...	...	...	...
Heanor ...	1	1	...	1	...	...	1	1	1	...	...
Ilkeston Boro'	...	...	...	1	1	...	...	2	...	...	...
Long Eaton	...	1	...	2	1	1	...	...	1	...	...
Matlocks ...	1	...	...	...	...	...	...	...	...	...	...
New Mills ...	...	...	...	4	4	2	1	3	2	2	...
Ripley ...	...	...	...	2	1	1	...	...	...	...	...
Swadlincote	...	...	1	...	...	...	2	...	...	...	...
Wirksworth ...	...	...	...	...	...	...	...	...	...	1	...
RURAL.											
Bakewell ...	1	...	...	3	1	...	...	...	...	...	...
Belper ...	...	1	...	6	1	...	...	...	...	...	...
Blackwell ...	1	...	...	6	5	...	3	1	1	1	...
Chapel-en-le-Frith	...	...	...	2	1	2	...	...	...	...	...
Chesterfield	1	1	...	17	9	1	...	1	...	2	...
Clowne ...	...	...	...	2	...	4	1	1	...	...	...
Glossop Dale ...	...	...	...	...	...	...	...	...	...	...	...
Hartshorne & Seals	...	...	...	...	1	...	...	...	...	...	...
Hayfield ...	1	...	...	3	...	...	...	...	...	...	...
Norton ...	...	...	...	4	...	...	...	...	...	1	...
Repton ...	...	...	...	4	...	...	1	1	...	...	...
Shardlow ...	1	1	...	4	1	...	...	...	2	...	...
Sudbury ...	...	...	...	1	...	...	...	...	...	...	...
Totals	14	9	6	84	43	19	15	21	13	10	

TUBERCULOSIS SCHEME.

This scheme consists of two main units, viz., Dispensary and Institutional.

DISPENSARY UNIT.

The undermentioned changes have taken place in this service during the year.

Derby Dispensary.—In my report for last year I mentioned that this building, which is situated at the back of the New County Offices, had been taken over by the County Surveyor's Depart-

TABLE T. I.

REPORT SHOWING THE WORK OF THE TUBERCULOSIS DISPENSARIES during the Year 1931.

DISPENSARIES.	ASH- BOURNE.	BURTON.	CHESTER- FIELD.	CHINLEY.	DERBY.	GLOSSOP.	ILKESTON	LONO EATON.	MATLOCK	WHOLE COUNTY 1931.	WHOLE COUNTY 1930.
A. Estimated Population, 1931 ...	14,875	35,190	268,175	45,880	100,420	25,650	65,180	30,010	33,120	618,500	624,300
Primary Notifications 1931—											
Pulmonary	13	22	184	48	77	19	55	27	34	479	468
Non-Pulmonary	7	14	106	11	21	11	16	7	20	213	241
Total	20	36	290	59	98	30	71	34	54	692	709
B. NEW CASES—											
(a) Definitely Tuberculous											
i. Pulmonary	10	18	139	34	52	17	36	19	25	350	344
ii. Non-Pulmonary	4	8	59	7	9	8	8	3	14	120	152
(b) Doubtfully Tuberculous	6	1	3	5	9	2	6	...	2	34	56
(c) Non-Tuberculous	5	75	259	70	57	43	70	21	43	643	632
Total	25	102	460	116	127	70	120	43	84	1147	1,184
C. CONTACTS—											
(a) Definitely Tuberculous :											
i. Pulmonary ... ..	...	...	1	3	3	1	5	2	6	21	13
ii. Non-Pulmonary ... ..	...	...	2	1	...	...	...	...	...	3	6
(b) Doubtfully Tuberculous ... ..	...	...	...	6	3	...	6	1	6	22	101
(c) Non-Tuberculous	22	112	795	130	245	61	224	82	150	1821	1,642
Total	22	112	798	140	251	62	235	85	162	1867	1,762
D. CASES WRITTEN OFF DISPENSARY REGISTER.											
(a) Cured.											
i. Pulmonary	1	16	69	26	26	18	14	7	8	185	188
ii. Non-Pulmonary ... ..	...	3	27	15	9	12	18	5	6	95	96
(b) Diagnosis not confirmed or Non-Tuberculous	27	191	1065	209	312	106	318	111	200	2539	2,416
Total	28	210	1161	250	347	136	350	123	214	2819	2,700
E. NUMBER ON REGISTERS ON DECEMBER 31st, 1931											
(a) Diagnosis completed.											
i. Pulmonary	78	101	467	198	262	108	160	104	181	1659	1,699
ii. Non-Pulmonary	20	49	235	96	53	40	64	28	83	668	685
(b) Diagnosis not completed	6	1	3	11	12	2	12	1	8	56	67
Total	104	151	705	305	327	150	236	133	272	2383	2,451
1. Number on Register Jan. 1st, 1931	97	167	727	321	329	171	254	141	244	2451	2,539
2. No. of transferred and "lost-sight-of"											
Cases returned	1	1	14	4	15	1	5	5	1	47	64
3. No. transferred, and lost sight of ...	8	5	38	13	11	7	5	4	2	93	142
4. No. died during year	3	16	96	14	25	11	23	11	18	217	256
5. Total Attendances	130	394	2098	625	459	496	1062	496	580	6340	6,351
6. Attendances at Orthopædic Clinics	...	...	...	...	...	...	...	...	...	613	569
7. Insured Persons under Domiciliary Treatment Dec. 31st, 1931 ...	12	...	6	19	6	14	3	1	22	83	106
8. Consultations with Medical Prac- titioners :—											
(a) Person 1	8	26	58	37	33	26	47	8	23	266	} 1,242
(b) Other	14	106	274	70	79	44	154	47	71	859	
9. Total Number of visits by T.O.'s to Patients' Homes.	26	216	668	163	482	85	307	146	158	2251	1,849
10. Number of :—											
(a) Sputum, etc., Examinations	28	176	144	122	181	90	229	108	102	1180	1,195
(b) X-ray Examinations	22	66	412	153	146	33	67	68	43	1010	825
11. No. of "Recovered" cases restored to Dispensary Register and includ- ed in B(a) and B(b) above ...	...	...	1	...	...	...	...	...	...	1	2
12. No. of "T.B." plus cases on Dispen- sary Registers on Dec. 31st, 1931	30	45	303	99	137	63	98	70	91	936	919

ment, and one room on the second floor of the New Offices used in its place. This room was unsuitable for use as a Tuberculosis Dispensary, and in June, 1931, it was found advisable to close it altogether. Portions of the area served by this Dispensary were taken over by other existing Dispensaries, and arrangements were made for the Tuberculosis Officer to visit patients in their homes who were so situated that they could not attend a Dispensary. At the time of writing this report, the County Council have sanctioned the provision of temporary accommodation for the County Surveyor's Staff, and it is anticipated that the late Dispensary will be re-opened shortly.

Ilkeston Dispensary.—This building was erected in 1914 by the County Council, the ground floor being used as a Tuberculosis Dispensary, and by agreement the first floor was let to the Ilkeston Corporation as a school clinic. In 1930 the Corporation desired an extension of the premises in order to provide additional school clinic accommodation. The County Council could not see their way to carry out the extension, but an agreement was reached whereby the Ilkeston Corporation purchased the premises from the Council for £800, leased the ground floor to them for a period of 21 years, and will carry out the extension they desire. Conveyance of the premises is in course of completion.

Dispensary Statistics.—Details of the work done at or in connection with the County Dispensaries, compiled from the returns required by the Ministry of Health under Memorandum 37/T, are given in Table T.I., and a copy of the return to the Ministry, showing in summary form the condition of the dispensary patients at the end of 1931, with the classification, and arranged according to the years in which they first attended, is given in Table T.II., pulmonary and non-pulmonary cases being shown separately. This summary shows to some extent the results of the Council's scheme for the treatment of tuberculosis.

TABLE T. II.—(a) PULMONARY TUBERCULOSIS.

Table showing summary of condition of Dispensary patients at end of 1931, and classification according to years in which they first attended.

Condition at the time of the last record made during the year to which the return relates	Previous to 1926.				1926.				1927.				1928.				1929.				1930.				1931.				Grand Total.	Percentage.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
	Class T. B. plus				Class T. B. plus				Class T. B. plus				Class T. B. plus				Class T. B. plus				Class T. B. plus				Class T. B. plus																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
	Group 1	Group 2	Group 3	Total (T. B. plus)	Class T. B. minus.	Group 1	Group 2	Group 3	Total (T. B. plus)	Class T. B. minus.	Group 1	Group 2	Group 3	Total (T. B. plus)	Class T. B. minus.	Group 1	Group 2	Group 3	Total (T. B. plus)	Class T. B. minus.	Group 1	Group 2	Group 3	Total (T. B. plus)	Class T. B. minus.	Group 1	Group 2	Group 3			Total (T. B. plus)	Class T. B. minus.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
(a) Remaining on Dispensary Register on 31st December.	48	43	60	2105	18	4	8	-	12	14	23	6	8	-	14	14	7	1	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Table showing summary of condition of Dispensary patients at end of 1931, and classification, according to years in which they first attended.

Condition at the time of the last record made during the year to which the return relates.	Previous to 1926.					1926.					1927.					1928.					1929.					1930.					1931.					Grand Total.	Percentage.	
	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.								
Register on Dispensary Register on 31st December.	M. F. Child	3	—	1	—	4	3	1	—	—	3	1	—	—	4	4	2	—	1	7	3	1	2	—	5	6	4	1	1	3	9	1	—	1	3			
	Adh. Child	4	—	2	4	10	1	—	—	3	4	4	2	—	3	9	5	2	1	10	2	2	5	9	3	3	3	—	1	2	3	9	—	1	4			
	Child	16	3	2	13	34	14	10	3	21	48	14	2	1	24	41	5	3	1	30	39	11	12	3	39	65	10	10	2	—	1	34	55	2	—	1	3	
Disease Arrested	M. F. Child	2	—	1	1	4	2	—	—	—	3	4	—	1	—	5	1	—	1	3	3	—	—	3	1	6	12	—	1	2	15	13	—	3	19			
	Adh. Child	—	—	1	—	1	2	—	—	—	2	2	—	—	—	2	2	1	—	3	3	—	—	—	1	4	9	1	4	5	19	6	2	2	7	17		
	Child	5	—	4	2	11	4	—	3	—	7	7	—	—	1	8	8	1	5	14	21	11	2	1	7	21	20	3	1	11	35	30	8	—	28	66		
Condition not ascertained during the year		1	1	3	1	6	—	—	—	1	1	1	—	—	2	3	—	—	2	2	3	3	—	—	—	3	7	2	—	—	4	6	—	—	—	—	25	1.12
	Total on Dispensary Register at 31st December																																					
		31	4	14	21	70	26	11	6	26	69	37	4	2	30	73	25	9	3	41	78	35	15	12	56	118	60	15	11	62	148	52	12	6	42	112	668	29.96
Transferred to Pulmonary	All Groups	1	—	1	3	5	1	—	—	1	2	—	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	40
	M. F. Child																																					
	Adh. Child																																					
Discharged Recovered	All Groups																																					
	M. F. Child																																					
	Adh. Child																																					
Lost sight of or otherwise removed from Dispensary Register																																						
Dead	All Groups																																					
	M. F. Child																																					
	Adh. Child																																					
Total written off Dispensary Register																																						
GRAND TOTALS of (a) and (b) (excluding those transferred to Pulmonary).																																						

INSTITUTIONAL UNIT.

Below, particulars are given of the institutional accommodation for the treatment of tuberculosis provided by the County Council :—

TABLE T. III.

NAME OF INSTITUTION.	FOR PUL- MONARY CASES.		FOR NON-PUL- MONARY CASES.		TOTAL
	Adults.	Children under 15	Adults.	Children under 15	
Derbyshire Sanatorium An additional 10 shelter beds are available during the summer time.	104	20	—	—	124
Penmore Hospital An additional 4 shelter beds are available during the summer time.	14	—	—	—	14
Whitworth Hospital... ..	6	—	—	—	6
Bretby Hall Orthopædic Hospital An additional 4 shelter beds are available during the summer time.	—	—	32	65	97*
Other Institutions (not belonging to C.C.)—average for year	2	—	—	—	2
Poor Law Institutions.					
Ashbourne	2	—	—	—	2
Bakewell	2	—	1	—	3
Belper	7	1	4	—	12
Chapel-en-le-Frith... ..	4	—	—	—	4
Chesterfield	7	1	1	2	11
Glossop	—	1	2	—	3
Hayfield (no beds specially pro- vided for the treatment of tuberculosis)	—	—	—	—	—
Shardlow	7	1	—	—	8
Total	155	24	40	67	286

* Eight beds on the average are occupied by patients from other Authorities.

TABLE T.IV.

Return showing the extent of residential treatment and observation during the year in Institutions (other than Poor Law Institutions) approved for the treatment of Tuberculosis.

		In Institu- tions on Jan. 1st. (1)	Admitted during the year. (2)	Discharged during the year. (3)	Died in the Institu- tions. (4)	In Institu- tions on Dec. 31st. (5)
Number of doubtfully tuberculous cases ad- mitted for observation.	Adult males	2	8	9	—	1
	Adult females	1	9	9	—	1
	Children	3	14	13	—	4
	Total	6	31	31	—	6
Number of definitely tuberculous patients admitted for treat- ment.	Adult males	88	204	189	16	87
	Adult females	57	150	124	18	65
	Children	67	71	59	4	75
	Total	212	425	372	38	227
GRAND TOTAL	... ..	218	456	403	38	233

**Return showing the results of observation of doubtfully tuberculosis cases
discharged during the year from Institutions approved for the
treatment of Tuberculosis.**

Diagnosis on discharge from observation	For Pulmonary Tuberculosis.						For Non-Pulmonary Tuberculosis						Totals		
	Stay under 4 weeks			Stay over 4 weeks			Stay under 4 weeks			Stay over 4 weeks					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ...	-	-	-	2	3	1	-	-	-	-	-	-	2	3	1
Non-tuberculous	1	-	1	2	5	4	-	-	-	2	1	7	5	6	12
Doubtful ...	1	-	-	1	-	-	-	-	-	-	-	-	2	-	-
Totals	2	-	1	5	8	5	-	-	-	2	1	7	9	9	13

WALTON SANATORIUM.

Accommodation is provided for 124 patients, there being 74 beds for males and 50 for females. An additional four shelter beds for males and six for females are available for use during the summer time. The former were new shelters provided during 1931.

Owing to the increase in the surgical treatment of pulmonary tuberculosis, the County Council appointed J. W. Tonks, Esq., of Chesterfield, as Consulting Surgeon at the Sanatorium as and from February 1st, 1931. However, I have to report with great regret that Mr. Tonks died suddenly on May 4th, 1931. F. J. Milward, Esq., was appointed his successor, and took up duty on July 20th, 1931.

The Medical Superintendent of the Institution, Dr. A. Niven Robertson, reports on the work at this Institution during 1931, as follows :—

Statistics.

324 patients admitted.

Males **176**. Females **107**. Children **41**.

316 patients discharged.

Males **180**. Females **103**. Children **33**.

Average number of beds occupied—**125**.

Average length of stay of the patients—**145** days.

Average weight gained by the patients—**10lbs. 2ozs.**

Patients Discharged.

MINISTRY OF HEALTH CLASSIFICATION.

TABLE D.S. 1.

				M.	F.	C.	TOTAL.
PULMONARY							
1. CLASS T.B. MINUS ...	...	...	...	27	22	23	72
2. CLASS T.B. PLUS ...	...	...	...	
Group I. ...	...	...	...	7	6	2	15
Group II. ...	...	...	...	78	44	3	125
Group III. ...	...	...	...	62	26	...	88
Totals ...	...	...	...	174	98	28	300
NON-PULMONARY							
Bones and Joints ...	...	...	...	...	...	...	...
Abdominal ...	...	...	...	...	...	...	...
Other Organs ...	...	...	...	1	...	...	1
Peripheral Glands ...	...	...	...	...	...	...	...
Non-Tub. ...	...	...	...	3	5	5	13
Undiagnosed ...	...	...	...	2	...	...	2
Total ...	...	...	...	180	103	33	316

CLASSIFICATION OF SOCIETY OF SUPERINTENDENTS.

TABLE D.S. II.

		Without T.B. in Sputum.			With T.B. in Sputum.			Total
		M.	F.	C.	M.	F.	C.	
STAGE I.								
Grade	A.	18	4	2	11	3	1	39
"	B.	1	...	...	...	...	...	1
"	C.	...	...	2	...	...	...	2
STAGE II.								
Grade	A.	6	6	...	25	12	...	49
"	B.	2	2	...	7	11	1	23
"	C.	...	1	...	...	...	...	1
STAGE III.								
Grade	A.	1	9	...	50	14	1	75
"	B.	1	1	...	25	19	...	46
"	C.	...	...	1	26	15	...	42
HILUS CASES.								
Grade	A.	...	...	19	...	...	1	20
"	B.	1	...	1	...	...	...	2
"	C.	...	...	...	...	...	...	...
Total	...	30	23	25	144	74	4	300
Total	...	78			222			300

13 Cases Non-Tub., 2 cases T.B. Spine and 1 undiagnosed excluded from this table.

General Results of Treatment.

Quiescent	38
Improved	194
No Material Improvement ...	51
Died in Institution	18
Not Tuberculous	13
Doubtfully Tuberculous	2
	<hr/>
	316
	<hr/>

Ultra-Violet Light Treatment.

TABLE D.S. III.

	<i>No. of Cases.</i>	<i>Cured.</i>	<i>Much Improved</i>	<i>Improved</i>	<i>I.S.Q.</i>	<i>Worse.</i>
Hilus Tubercle ...	14	—	2	11	1	—
Pul. Tub. ...	6	—	2	4	—	—
Lupus ...	4	2	2	—	—	—
Bronchiectasis ...	3	—	1	2	—	—
Tub. Glands ...	2	—	2	—	—	—
Tub. Spine ...	2	—	—	—	2	—
Tub. Perit. ...	2	—	—	2	—	—
Tub. Wrist ...	1	—	—	—	1	—
Total ...	34	2	9	19	4	0

Radiant Heat and Cooling Power.

Three cases were treated by a combination of the radiant heat from a Ferranti radiator and exposure of the body to the cooling power of the atmosphere. All were advanced cases. One did very well, but the other two showed no improvement.

Artificial Pneumothorax.

Twenty-nine new cases (18 males, 11 females) were commenced on this treatment, and 21 old cases (12 males, 9 females) were continued. There were 534 re-fill operations, 5 gas replacements, 9 depneumothorax operations, and 9 pressure readings performed in the year.

There were 250 out-patients attendances for re-fills.

TABLE D.S. IV.

		<i>New Cases.</i>	<i>Old Cases continued.</i>	<i>Refill Operations.</i>	<i>Gas Replacements.</i>
1920	...	11	5	—	—
1921	...	5	4	—	—
1924	...	5	4	118	5
1925	...	6	9	81	6
1926	...	9	4	116	21
1927	...	11	6	262	12
1928	...	15	11	378	16
1929	...	10	19	520	2
1930	...	16	16	470	7
1931	...	29	21	534	5

1931 has been a record year for this form of treatment. Although one is resorting to A.P. treatment in a greater number and greater variety of cases, it is not a treatment to be undertaken lightly. Each case must be considered carefully on its merits. Adhesions and fluid are the two bugbears of A.P. treatment, and when both are present the difficulties are doubled. Both increase enormously the care and work required in dealing with the case. Each refill in all cases requires careful thought. Each case is a law unto itself on each occasion as to pressure, amount of gas required, time for operation and choice of operation, whether replacement, depneumothorax, refill or merely a safety pressure reading.

The beginning and end of an A.P. are both critical periods, both periods of danger to the patient because of the risk of lung puncture, the other cause of spontaneous pneumothorax into an A.P. cavity with its dire results. It is a mistake to make it a rule that all cases of cavity should be compressed. I have known patients live active lives for many years with a dry roaring cavity. It is often the last stage of fibrosis and natural cure. Such a cavity is as a rule adherent, and rupture of such a cavity into an A.P. space is usually fatal, and to do an A.P. in such a case may be courting a catastrophe.

I am of the opinion that in all cases, before starting on the $3\frac{1}{2}$ years course of an A.P. treatment, the risks of the treatment must be carefully weighed in the balance against the risks of progressive advance of the disease if the A.P. is not done.

Phrenic Evulsion.

This operation was performed by Mr. Tonks and Mr. Milward in three cases. In one case of chronic fibroid phthisis with cavity formation it caused marked improvement in diminution of toxæmia and lessened sputum. In a case of basal phthisis of the right side, which seemed just a case for this operation, no effect was produced. In the last case, one of a spontaneous pneumothorax occurring in a small pleural space left by an expanding obliterative A.P. and

causing a bronchial fistula, this operation was done with the hope of closing the opening ; but it has had no effect.

Dental Treatment.

The Dental Surgeon in the year 1931 has done 305 dental extractions, 3 sealings, 2 fillings, 16 examinations, 6 easings, 1 syringing of socket, and 2 denture fittings.

Aurotherapy.

Trial has been made of the drug Allochrysine. It is thioglyceryl-sulphonate of Gold and Sodium. It is much less toxic than Sano-chrysin, and can be given into the muscles, and is therefore useful because the course of treatment can be continued at Dispensary without difficulty.

Out of the nine cases treated, seven were improved, and four of these much improved, and in only two no signs of improvement. In all cases ordinary treatment had been tried without effect before the Allochrysine started. The final impression of the effect of this drug is therefore favourable.

Cases admitted for Diagnosis.—Twenty-one such cases were discharged from the Institution during the year, with the following results :—

- 6 were found to be suffering from tuberculosis.
- 4 had bronchiectasis.
- 1 had chronic bronchitis.
- 1 was a case of silicosis.
- 1 was a case of chronic interstitial nephritis.
- 1 was a case of cystitis.
- 5 were free from disease.
- 1 was a doubtful case of pulmonary tuberculosis.
- 1 was a doubtful case of tuberculosis of the intestines.

In only two cases Lipiodol was used for the purpose of diagnosis. In both, the cricothyroid route was chosen, as it is the only aseptic method available. The field of usefulness of Lipiodol in respiratory disease is small.

X-Ray Work.

542 X-ray photographs were taken in the year and 539 screenings were done in artificial pneumothorax cases. With an increase in A.P. work, there must be also an increase in the number of X-ray photographs taken, because the finer and most dangerous adhesions are often invisible by screening only.

Laboratory Work.

1,256 sputums and 1,357 urines were examined in the year. There were 19 blood sedimentation tests, 19 arneth counts, and 19 precipitation tests. There were eight differential blood counts and 55 blood sugar tests done, besides a number of cultures for diagnosis of throat swabs.

Meteorological Data for 1931.

Highest Wind	...	24.89	Feb. 11th.
Highest Dry Kata	...	60.1	Feb. 12th.
Highest Wet Kata	...	88	Feb. 12th.
Lowest Dry Kata	...	7.8	May 26th.
Lowest Wet Kata	...	25.1	Oct. 13th.
Highest Outdoor Temp.	...	74°F	Aug. 4th.
Lowest Outdoor Temp.	...	30°F	March 9th and 10th.
Highest Radiant Heat	...	125.6°F	June 21st.
Greatest amount of Ultra-violet light	...	10	July 13th.
Highest Rainfall	...	1.8 ins.	Sept. 3rd.
Highest Maximum Temp.	...	74°F	Aug. 4th
Highest Minimum Temp.	...	22°F	March 2nd, 6th & 9th, Dec. 17th.
Day of Maximum Hours of Sunshine	...	13.7 hours	April 30th.
Total Rainfall for Year	...	34.86 ins	

February had the highest cooling power (Dry Kata average 29.9), the highest cooling power by evaporation (Wet Kata average 57.3), and the highest average wind 8.8 miles per hour. July had the highest average temperature at 3 p.m., 63.1 Fahr, and the greatest amount of ultra-violet light. June had the highest radiant heat 76°, May had the most sunshine with an average of 5½ hours a day, August had the most rain 5.67 inches, September the highest barometric pressure, averaging 29.59 inches, and November the highest relative humidity, 87.2%.

It was strange that the day of longest sunshine occurred so early in the season.

The relationship between gain and loss of weight of the patients and the cooling power of the air still seems to hold good.

General Remarks.

It used to be considered that the only cases of pulmonary tuberculosis which repaid their cost by Sanatorium treatment were early cases which included most T.B. negative cases and T.B. positive cases of Stage I. Since the extended use of artificial pneumothorax treatment, unilateral cases of any stage must now be added to the above. Artificial pneumothorax has also a considerable preventive role in the control of tuberculosis. When one can remove from a household an advanced case of unilateral tuberculosis regularly coughing up much tubercle positive sputum and make his sputum either negative or much less in quantity, it is obvious that in this way much spread of infection is prevented by the artificial pneumothorax work done in the Sanatorium.

The tables below show the number of cases of Stage II. and III., *i.e.*, cases beyond the early stage admitted to the Sanatorium since 1926.

TABLE D.S. V.

MINISTRY OF HEALTH CLASSIFICATION.					SOCIETY OF SUPTS. CLASSIFICATION.			
	Stage II.	III.	Total.	% Total Cases Admitted.	Stage II.	III.	Total.	% Total Cases Admitted.
1931	139	67	206	65	73	160	233	74
1930	110	84	194	60	68	146	214	66
1929	104	103	207	62	35	178	213	65
1928	106	80	186	55	51	152	203	62
1927	102	65	167	59	55	129	184	65
1926	110	49	159	44	70	100	170	50

The number of advanced cases admitted increased, as a matter of course, when the Barwise Ward was opened for advanced male cases in the beginning of 1927, but it is seen that in the year 1931 the number of cases admitted at a later stage of the disease is still further increased, and it is found that this increase is of the male cases. Apparently male patients are seeking help at the clinics at a later stage. This may be due to the economic crisis of the country, and the breadwinner does not wish to give up his work until he is absolutely compelled to do so.

Dr. Baskett showed that when wages are high the morbidity and mortality of tuberculosis is low, and when wages are low the morbidity and mortality is high.

Unless the patient seeks advice at the earliest sign of trouble in his chest, the results of Sanatorium treatment cannot be much improved except by a stay in Sanatorium longer than is apparently economically possible at the present time, and even then we are faced with the fact that this silent disease is often far advanced before the patient really feels that he is ill at all.

TABLE D.S. VI

DERBYSHIRE SANATORIUM.

Comparative Statement of Cost.

	1928.		1929.		1930.		1931.		1932.	
	Year ending March 31st,		...		...		...		...
Average daily number of Patients	124.0	...	120.3	...	121.1	...	122.1	...	124.4	...
do. do. Staff	37.0	...	37.9	...	37.9	...	37.9	...	37.6	...
	Total Cost.	Cost per week per Patient.	Total Cost.	Cost per week per Patient.	Total Cost.	Cost per week per Patient.	Total Cost.	Cost per week per Patient.	Total Cost.	Cost per week per Patient.
	£	£ s. d.	£	£ s. d.	£	£ s. d.	£	£ s. d.	£	£ s. d.
Salaries and Wages	4,184	0 12 10½	4,351	0 13 10½	4,534	0 14 4½	4,860	0 15 3	4,629	0 14 3
Provisions	4,155	0 12 9½	4,102	0 13 1	4,060	0 12 10½	4,095	0 12 10	3,886	0 12 0
Drugs and Medical Appliances	496	0 1 6½	489	0 1 6½	419	0 1 4	475	0 1 6	472	0 1 5½
Fuel, Light and Water	1,282	0 3 11½	1,133	0 3 7½	1,147	0 3 7½	1,127	0 3 7	1,107	0 3 5
Domestic and Laundry	647	0 2 0	673	0 2 2	636	0 2 0	799	0 2 6	638	0 1 11½
Renewals and Repairs	378	0 1 2	589	0 1 10½	593	0 1 10½	340	0 1 1	256	0 0 9
Miscellaneous	494	0 1 6	556	0 1 9½	489	0 1 6½	512	0 1 7	531	0 1 7½
Rates, Taxes and Insurance	660	0 2 0½	668	0 2 1½	597	0 1 10½	580	0 1 10	620	0 1 10½
Loan Repayment and Interest	912	0 2 10	897	0 2 10	896	0 2 10	896	0 2 10	896	0 2 9
Capital Expenditure out of Revenue (garage)	—	—	14	½	—	—	—	—	—	—
Gross Totals	13,208	2 0 8½	13,472	2 2 11½	13,371	2 2 4	13,684	2 3 0	13,035	2 0 1
Deduct Profit on Farm Account	50	0 0 1½	102	0 0 3½	144	0 0 6	71	0 0 3	17	0 0 0½
Deduct other Income	26	0 0 1	44	0 0 2	51	0 0 2	76	0 0 3	54	0 0 2
Net Cost	13,132	2 0 6	13,326	2 2 6	13,176	2 1 8	13,537	2 2 6	12,964	1 19 10½
Food per person per week	...	9/11d.	...	9/11d.	...	9/9½d.	...	9/10d.	...	9 2d.

TABLE D.S. VII.

Condition of Patients discharged from the Derbyshire Sanatorium, Chesterfield, from 1915-1930 inclusive.

Condition in 1931.	YEAR OF DISCHARGE FROM SANATORIUM.																				Total.	
	1915-1921.		1922.		1923.		1924.		1925.		1926.		1927.		1928.		1929.		1930.			
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.		
Cured ...	618	40.34	92	33.33	80	28.99	103	33.33	109	32.35	50	16.61	21	9.68	6	2.23	1	.32	1	.34	1081	26.18
Arrested ...	50	3.27	9	3.26	21	7.61	36	11.65	34	10.09	86	28.58	51	23.50	97	36.06	73	23.10	26	8.78	483	11.70
Not arrested ...	15	.97	1	.36	6	2.17	9	2.91	6	1.78	15	4.98	22	10.14	25	9.29	81	25.63	143	48.30	323	7.82
Condition not ascertained ...	3	.19	1	.36	2	.72	5	1.62	2	.59	4	1.33	7	3.23	4	1.49	6	1.90	3	1.01	37	.89
Lost sight of or not ...	337	22.00	45	16.31	43	15.59	48	15.53	53	15.73	41	13.62	39	17.97	37	13.75	40	12.67	47	15.89	730	17.68
Tuberculosis ...	509	33.23	128	46.38	124	44.92	108	34.96	133	39.46	105	34.88	77	35.48	100	37.18	115	36.38	76	25.68	1475	35.73
Dead ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total. ...	1532	100.00	276	100.00	276	100.00	309	100.00	337	100.00	301	100.00	217	100.00	269	100.00	316	100.00	296	100.00	4129	100.00

PENMORE PAVILION.

During the year this pavilion has continued to be used for the treatment of advanced female patients, under the clinical charge of Dr. B. S. Nicholson, the Tuberculosis Officer for the Chesterfield Area.

Fourteen beds are provided in the pavilion and four additional shelter beds are used when climatic conditions permit, two of the latter being new shelters provided during the year.

The admissions and discharges that have taken place during the year are as follows :—

TABLE P.I.

Patients in the Pavilion on the 1st January, 1931	...	12
Admissions	... ..	41
Discharges	... ..	41
Patients in the Pavilion on the 31st December, 1931		12
Condition of patients on discharge :—		
Quiescent	... ..	3
Improved	... ..	20
No material improvement	... ..	7
Died in the Institution	... ..	11
Total	... ..	41

The average duration of stay of the 41 patients discharged or who died in the Institution was 115·3 days, and the daily average number of beds occupied was 14·1, or 91·1% of the full capacity. The cost per patient per day for the year ended 31st March, 1932, was 7s. 1½d.

The average gain in weight of the 23 patients discharged as quiescent or improved was 7·2 lbs., the largest individual gain being 23 lbs. during a stay of 10 weeks.

Two of the patients were greatly improved, and were transferred to Walton Sanatorium to undergo ambulant treatment there.

An extension to the Recreation Room and the installation of electric heating to that room were carried out during the year at a cost of £73 10s. 0d.

The lawn laid down last season will be ready during 1932 for use as a rest station in the open for patients able to use rest chairs.

WHITWORTH HOSPITAL.

Six beds in a detached block are available at this Hospital for male pulmonary cases of the "hospital" type, under the clinical charge of Dr. P. Heffernan, the Tuberculosis Officer for the north-western area of the County.

The following admissions and discharges have taken place during the year :—

TABLE W.I.

Patients in the Hospital on January, 1931	...	...	6
Admissions	...	...	17
Discharges	...	...	17
Patients in the Hospital on December 31st, 1931	...	...	6

Condition of patients on discharge :—

Quiescent or improved	...	...	6
No material improvement	...	...	6
Died in the Institution	...	...	5
			<hr/>
			17
			<hr/>

Of the patients discharged, two were transferred to Walton Sanatorium, and as a result of treatment in the Institution the working capacity of three patients was restored.

The average duration of stay of the 17 patients discharged during the year was 124·5 days, and the average number of beds occupied was 5·7, or 95 per cent. of the full capacity. The cost per patient per day for the year ended March 31st, 1932, was 6s. 7d.

Dr. Heffernan reports as follows :—

Institutional treatment of the "hospital" type of patient is a very effective measure in preventing or limiting the spread of infection. The value of the work done by the Whitworth Hospital block in this direction is proportional to the number of beds available. Within its limits, however, the block serves a very useful purpose.

BRETBY HALL ORTHOPÆDIC HOSPITAL.

Full particulars of this Hospital and the surrounding park have been given in previous Annual Reports, and, as extensions have been made, details of these have also been given. I do not propose, therefore, to give more in this Report than extracts from the Report of the Medical Superintendent, Dr. G. A. Q. Lennane, as follows :—

No extension to the hospital buildings took place during 1931, and the 147 beds available were in constant occupation. By the end of the year the waiting list had been considerably reduced.

Compared with the previous year, the number of admissions is slightly lower—174 instead of 182. This fact is more than accounted for by the opening *de novo* of 82 new beds in 1930. There were 58 more patients discharged during 1931 than in the previous year.

The results of treatment have been very satisfactory in all but a small percentage of cases.

In six cases of acute polio-myelitis in which general practitioners sought the co-operation of the orthopædic scheme during the year, although the paralysis has been severe, no deformity has occurred, and any operation required has been for the purpose of improving function rather than for the correction of deformity.

TABLE B.I.

				<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
PATIENTS IN HOSPITAL at midnight,						
Dec. 31, 1930—						
Tubercular	...	...	...	51	36	87
Non-Tubercular	...	...	...	22	26	48
				—	—	—
				73	62	135
				—	—	—
ADMISSIONS during 1931—						
Tubercular	...	...	...	35	34	69
Non-Tubercular	...	...	...	50	55	105
				—	—	—
				85	89	174
				—	—	—
15 patients did not accept offer of treatment at the Hospital.						
Number of patients treated in 1931—						
Tubercular	...	...	...	86	70	156
Non-Tubercular	...	...	...	72	81	153
				—	—	—
				158	151	309
				—	—	—
Number of patients discharged during 1931—						
Tubercular	...	...	...	35	27	62
Non-Tubercular	...	...	...	48	58	106
				—	—	—
Total	...	...	...	83	85	168
				—	—	—

TABLE B.II.

<i>Cases admitted as Non-Pulmonary Tuberculosis treated during 1931.</i>				<i>Cases of Non-Tubercular Diseases treated during 1931.</i>			
<i>Site of Lesion.</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>Site of Lesion.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Spine	33	31	64	Rickets	16	12	28
Hip	25	20	45	Talipes	16	10	26
Knee	12	6	18	Infantile Paralysis	13	25	38
Other Joints ...	10	8	18	Spastic Paraplegia	6	10	16
Abdomen	—	1	1	Torticollis	3	9	12
Peripheral Glands	6	4	10	Pes Cavus	4	2	6
				Miscellaneous ...	14	13	27
Totals	86	70	156		72	81	153

There were three deaths during the year, as shewn in the following table :—

TABLE B.III

<i>Lesion.</i>	<i>Cause of Death.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Spine	Amyloid Disease	1	—	1
Hip	Amyloid Disease	1	—	1
Knee	Lobar Pneumonia	1	—	1
	Total	3	—	3

The following table shows the location of disease of the patients discharged :—

TABLE B.IV.

(a) **Tubercular.**

<i>Site of Lesion.</i>	<i>Diagnosis not confirmed.</i>		<i>Discharged.</i>		<i>Died.</i>		<i>Total.</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Spine	2	2	5	7	1	—	17
Hip	3	3	4	1	1	—	12
Knee	1	—	4	3	1	—	9
Other Joints ...	—	—	7	6	—	—	13
Abdomen	—	—	—	1	—	—	1
Peripheral Glands	—	—	6	4	—	—	10
Total	6	5	26	22	3	—	62

Of the 48 patients discharged who were definitely diagnosed as T.B., all were discharged as quiescent with the exception of one adult, who discharged himself before treatment was completed.

(b) **Non-Tubercular.**

<i>Lesion.</i>	<i>Discharged.</i>		<i>Died.</i>		<i>Total.</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Rickets	8	7	—	—	15
Talipes	8	6	—	—	14
Poliomyelitis ...	7	17	—	—	24
Spastic Paraplegia...	5	6	—	—	11
Torticollis	3	9	—	—	12
Pes Cavus	5	2	—	—	7
Miscellaneous ...	12	11	—	—	23
Total	48	58	—	—	106

Average length of stay of patients :—

T.B. Cases 473 days.

Non-T.B. Cases 186 „

All Cases 293 „

All the non-tubercular cases discharged during 1931 were improved either as regards correction of deformity, or, where this could not be accomplished, increase of function. It must be admitted, however, that the results of treatment in some cases of spastic paraplegia were disappointing. The reason of this lies, no doubt, in the fact that a few such patients frequently do not have sufficient intelligence to co-operate with those carrying out the treatment, such co-operation being of paramount importance.

During 1931 the following operations were performed :—

Stabilisation of Foot	8
Open elongation of Tendo Achilles ...	9
Tenotomy and Wrenching	20
Wrenching alone	10
Tenotomy alone	10
Osteotomy	19
Osteoclasis	7
Manipulation	11
Arthrodesis of Knee	1
Transplantation of Tendons	3
Stoffel's Operation	4
Open Division of Sterno-Mastoid ...	2
Excision of Interphalangeal Joint ...	1
Removal of Tonsils and Adenoids ...	34

Incision of Abscess	...	...	...	6
Exploration of Wound	...	...	...	6
Removal of Exostosis	...	...	...	4
Insertion of Steinmann's Pin	...	...	...	1
Bone Graft	...	...	...	2
Reduction of Dislocation	...	...	...	2
Capsulotomy of Knee	...	...	...	1
Excision of Glands of Neck	...	...	...	2
Correction of Hallux Valgus	...	...	...	2
Removal of Foreign Body	...	...	...	1
Replacement of Patella	...	...	...	1
Tenodesis	...	...	...	1
Other Operations	...	...	...	5
Total				173

All cases requiring such treatment received massage, electrical treatment, exercises and ultra-violet therapy.

A new and up-to-date X-Ray plant was installed at the commencement of the year, and has proved very satisfactory. 357 cases were X-rayed during the year, 782 radiographs having been taken. This number includes a few patients referred for X-rays from Swadlincote Clinic.

Infectious Disease.—Seventeen cases of whooping cough, seven cases of ring-worm, and two of scabies occurred during the year.

Splints.—The splint workshops were working at full pressure during the year, providing and repairing splints for the hospital and clinics. A start was made with the manufacture of celluloid splints by the staff of the plaster room, and the results were most successful. A total of 862 splints and appliances were made during 1931, as follows :—

HOSPITAL.

Callipers	...	...	...	...	35
Thomas's Bed Splints	...	...	...	...	14
Thomas's Walking Splints	...	...	...	...	26
Pattens	...	...	...	...	26
Spinal Frames	...	...	...	...	26
Boots raised	...	...	...	...	—
Other alterations to Boots	...	...	...	...	105
Crutches—pair	...	...	...	...	2
K.K. Irons, Side Irons, and Double Irons	...	...	...	...	20
Other Metal Splints	...	...	...	...	9
Stirrups for Extension	...	...	...	...	—
Repairs and Alterations to Splints...	...	...	...	...	110
Plaster Boots—pairs	...	...	...	...	30
Miscellaneous	...	...	...	...	98
					501

CLINICS.

Callipers	19
Thomas's Bed Splints...	4
Thomas's Walking Splints	10
Pattens	14
Boots raised	47
Other Alterations to Boots	111
K.K. Irons, Side Irons, and Double Irons ...	22
Other Metal Splints	6
Repairs and Alterations to Splints ..	100
Miscellaneous	28
	<hr/> 361 <hr/>

Education.—The teaching staff was increased from three to four by the appointment of a student teacher in November, 1931. The Hospital is an approved Special School under Part V. of the Education Act, 1921. For full details of the work of the Hospital and School, reference should be made to the Annual Report of the School Medical Officer for 1930, pages 22-28.

Orthopædic Clinics.—In October, 1931, owing to various circumstances, it was found desirable to close the clinics at Bakewell and Belper, and a new Orthopædic Clinic was opened at Matolek. This Clinic is held weekly, whereas the former two were held fortnightly. The change has proved very satisfactory from the point of view of both patients and staff.

The attendances at all the clinics were maintained.

The following Table shows the number of cases treated and the total attendances at the Clinics :—

TABLE BV.
(a) **Tubercular Cases.**

Situation of Lesion.	Alfreton.	Matlock.	Chesterfield.	Chinley.	Derby.	Heanor.	Long Eaton.	Shirebrook.	Swadlincote.	TOTAL.
Spine	3	—	12	7	10	4	5	2	—	43
Hip	5	—	15	3	1	2	—	6	7	39
Knee	2	—	7	6	6	1	2	4	3	31
Other Joints ...	1	1	7	4	6	5	1	1	3	29
Abdomen	1	—	1	—	—	—	—	—	—	2
Periph'al Glands	1	2	—	5	1	1	—	1	—	11
Other Organs ..	—	—	—	—	—	—	—	—	—	—
Total	13	3	42	25	24	13	8	14	13	155

(b) Non-Tubercular Cases.

Lesion.	Alfreton.	Matlock.	Chesterfield.	Chinley.	Derby.	Heanor.	Long Eaton.	Shirebrook.	Swadlincote.	TOTAL.
Spine ...	16	6	29	5	13	15	15	8	15	122
Inf. Paralysis...	13	7	32	9	21	9	4	14	9	118
Spastic Para- plegia ...	1	3	10	5	16	3	5	1	8	52
Scoliosis ...	13	8	16	6	16	5	7	4	21	96
Cong. Deformity	13	1	9	5	22	11	11	12	23	107
Unclassified ...	38	12	42	10	44	12	13	30	29	230
Others... ...	—	—	—	—	—	—	—	—	—	—
Total ...	94	37	138	40	132	55	55	69	105	725
Total Attend- ances	834	118	814	192	798	567	437	569	836	5165
No. of Plasters Applied ...	23	1	24	8	10	9	3	29	—	107

BRETBY HALL ORTHOPÆDIC HOSPITAL.

TABLE B. VI.

Comparative Statement of Costs.

Year ending March 31st.

	1928		1929		1930		1931		1932	
	Average Daily No. of Patients	do. Staff	56.1	63.5	71.8	71.8	135.8	135.8	145.2	145.2
	20.6	20.6	24.9	24.9	29.4	29.4	50.4	50.4	60.8	60.8
	Total Cost.	Cost per week per patient.	Total Cost.	Cost per week per patient.	Total Cost.	Cost per week per patient.	Total Cost.	Cost per week per patient.	Total Cost.	Cost per week per patient.
	£	£ s. d.	£	£ s. d.	£	£ s. d.	£	£ s. d.	£	£ s. d.
Salaries, and Wages	2,206	15 1	2,264	13 8	2,660	14 3	4,146	0 11 9	5,318	14 0
Provisions	1,298	8 10	1,765	10 8	1,949	10 5	3,216	0 9 1	3,182	8 4½
Drugs and Medical Appliances...	273	1 10½	340	2 1	377	2 1	885	0 2 6	695	1 10½
Fuel, Light and Water	614	4 2	814	4 11	802	4 3	983	0 2 9	1,001	2 7½
Domestic and Laundry	443	3 0	314	1 11	700	3 9	564	0 1 7	943	2 6
Renewals and Repairs	1,223	8 4	887	5 4	1,133	6 0	1,605	0 4 6	1,803	4 9
Miscellaneous	368	2 6	170	1 0	288	1 6	378	0 1 1	358	0 11½
Rates, Taxes and Insurance	224	1 6½	196	1 2	284	1 6	304	0 0 10	377	1 0
Loan Repayment and Interest	1,825	12 6	2,056	12 5	2,672	14 3	3,322	0 9 4	3,429	9 0
Gross Totals	8,474	2 17 10	8,806	2 13 2	10,865	2 18 0	15,403	2 3 5	17,106	2 5 1
Deduct Rents, etc.	271	1 10	359	2 2	314	1 8	480	0 1 4	450	1 2½
Nett Totals	8,203	2 16 0	8,447	2 11 0	10,551	2 16 4	14,923	2 2 1	16,656	2 3 10½

Food per person per week

6/6

7/8

7/4

6/8

5/11

OTHER INSTITUTIONS.

With the institutional accommodation now provided by the Council for the treatment of tuberculosis, only in exceptional cases is it necessary to admit patients to institutions not belonging to the County Council.

Four cases were admitted to such institutions during the year, three being pulmonary male cases admitted to the East Lancashire Tuberculosis Colony with a view to their becoming permanent settlers, and one gland case living at Glossop admitted to the Manchester Royal Infirmary for urgent operative treatment.

The following admissions and discharges have taken place during the year :—

Patients in the Institutions on January 1st, 1931	...	1
Patients Admitted	...	4
Patients Discharged	...	3
Patients in Institutions on December 31st, 1931	...	2

Condition of patients on discharge :—Improved 1, no material improvement 1, died 1.

POOR LAW INSTITUTIONS.

The number of beds available, on December 31st, 1931, in Poor Law Institutions belonging to the County Council for the treatment of tuberculosis is given in Table T.III, and the following return shows the number of persons suffering from tuberculosis who were treated in these Institutions during the year, and who were chargeable to the County Council.

TABLE T.VI.

RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT PROVIDED DURING THE YEAR IN
POOR LAW INSTITUTIONS FOR PERSONS CHARGEABLE TO THE COUNCIL.

		In Institu- tions on Jan. 1st.	Admitted during the year.	Discharged during the year.	Died in the Institu- tions.	In Institu- tions on Dec. 31st.
Number of patients suffering from pul- monary tuberculosis admitted for treatment.	Adult males	9	14	10	9	4
	Adult females	6	4	1	5	4
	Children	3	1	1	1	2
	Total	18	19	12	15	10
Number of patients suffering from non- pulmonary tuberculosis admitted for treatment.	Adult males	5	2	3	—	4
	Adult females	3	3	2	2	2
	Children	3	1	3	—	1
	Total	11	6	8	2	7
GRAND TOTAL		29	25	20	17	17

NOTIFICATIONS.

During the year there were 692 primary notifications of all forms of tuberculosis as compared with 709 in 1930. Details of the age groups are given in Table T.VII.

A return is made each year to the Ministry of Health of the number of cases of tuberculosis that come to my knowledge otherwise than by notification. A copy of this return is given in Table T.VIII. It is gratifying to note that this number has decreased by almost 50% in the last two years.

The figures for 1929, 1930, and 1931 are 141, 107, and 71 respectively. In this connection it is interesting to observe that of the deaths reported to me during the year, 80·4% were notified before death as against 74·07% in 1930. This increased percentage is largely due to efforts made in the Central Office for the past few years to secure notification, wherever possible, and to the following up of deaths from tuberculosis of patients who have not been the subject of notification to ascertain why notification was not made in accordance with the regulations.

The efficacy of the Tuberculosis Scheme depends very largely upon the prompt notification of all cases of tuberculosis. There will, of course, always be a certain number of cases in which notification before death cannot be expected, but the figures I have quoted above show that notification is becoming more efficient.

TABLE T. VIII.
NEW CASES OF TUBERCULOSIS COMING TO THE KNOWLEDGE OF THE COUNTY MEDICAL OFFICER OF HEALTH DURING THE YEAR 1931, OTHERWISE THAN BY NOTIFICATION ON FORM A.

AGE PERIODS	0—1	1—5	5—10	10—15	15—20	20—25	25—35	35—45	45—55	55—65	65 and upwards	Total Cases.
Pulmonary— Males ...	—	—	—	—	3	1	7	1	1	4	—	17
Females ...	—	1	—	—	1	3	4	2	1	3	—	15
Non-Pulmonary— Males ...	4	6	2	1	2	2	1	1	1	1	1	22
Females ...	1	5	4	1	1	1	2	2	—	—	—	17
TOTALS ...	5	12	6	2	7	7	14	6	3	8	1	71

THE SOURCE OR SOURCES FROM WHICH INFORMATION AS TO THE ABOVE-MENTIONED CASES WAS OBTAINED :—

	SOURCE OF INFORMATION.	No. of Cases	
		Pulmonary.	Non-Pulmonary.
Death Returns	{ From Local Registrars ... Transferable Deaths from Registrar-General ...	6 7	3 11
Posthumous Notifications	... ..	9	15
“Transfers” from other areas	... ..	9	2
Other Sources—Local Medical Officers’ Quarterly Summaries	{ Quarterly Deaths ... Transfer Inwards...	1 —	7 1

DEATHS FROM TUBERCULOSIS.

TABLE T.IX.

CASES REPORTED BY LOCAL REGISTRARS.

	Number of deaths reported in 1931.	Percentages	
		1931.	1930.
Cases not notified	9	3·53	8·84
Notified after death	23	9·02	11·22
Notified less than 1 week before death	14	5·49	5·44
1— 2 weeks before death	7	2·75	2·72
2— 3 weeks before death	6	2·35	2·72
3— 4 weeks before death	11	4·31	1·02
1— 2 months before death	21	8·24	7·82
2— 3 ,, ,, ,,	13	5·10	6·81
3—12 ,, ,, ,,	67	26·27	17·70
Over 1 year ,, ,,	84	32·94	35·71
	—		
	255		

336 deaths from tuberculosis were recorded by the Registrar General as having occurred in Derbyshire during the year 1931, but 342 deaths of persons suffering from tuberculosis came to my knowledge during the year. It should be borne in mind, however, that tuberculosis may not have been the primary cause of death in all these cases. The following table shows the sources from which information was received, the number notified under the Public Health (Tuberculosis) Regulations, and the percentage of cases so notified :—

<i>Source of information.</i>	<i>Number of Deaths.</i>	<i>Number Notified. before death</i>	<i>Percentage notified before death</i>
Local Registrars	255	223	87·45
Further deaths recorded on the Quarterly Summaries fur- nished under the Public Health (Tuberculosis) Regu- lations, 1924, by the Local Medical Officers	54	45	83·33
Transferable Deaths reported by Registrar General ...	33	7	21·21
Total ...	342	275	80·40

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

These regulations, which came into force on January 1st, 1931, consolidated and amended the Public Health (Tuberculosis) Regulations of 1912, 1921, and 1924.

The special provisions relating to the notification of tuberculosis by School Medical Officers in the Regulations of 1912 have been rescinded and the new Regulations provide that notifications by School Medical Officers shall be made upon the form prescribed for other primary notifications.

Amongst other things, the form of quarterly summary, on which District Medical Officers forward to the County Medical Officer particulars of all cases of tuberculosis added to or removed from their registers was amended to give more detailed information. Table T.X. shews the number of cases of all forms of tuberculosis remaining on their Registers on December 31st of each year since 1924.

In this way it is hoped that more accurate records of the incidence of tuberculosis will be available.

TABLE T.X.

Year.	PULMONARY.			NON-PULMONARY.			TOTAL
	Males.	Females.	Total.	Males.	Females.	Total.	
1925	1350	1077	2427	458	386	844	3271
1926	1447	1164	2611	542	473	1015	3626
1927	1466	1218	2684	626	556	1182	3866
1928	1519	1260	2779	691	614	1305	4084
1929	1498	1283	2781	744	632	1376	4157
1930	1380	1238	2618	720	628	1348	3966
1931	1296	1172	2468	660	600	1260	3728

The following are the particulars of the cases removed during the year from the Registers of Notifications kept by the District Medical Officers :—

TABLE T.XI.

REASON FOR REMOVAL.	PULMONARY.			NON-PULMONARY.			Grand Total.
	Males.	Females.	Total.	Males.	Females.	Total.	
Withdrawal of notification ...	19	19	38	11	8	19	57
Recovery from the disease ...	140	105	245	96	75	171	416
Death ...	127	115	242	41	33	74	316
Left the District ...	48	47	95	28	21	49	144
Total ...	334	286	620	176	137	313	933

TABLE T.XII
NOTIFICATIONS AND DEATHS.*

Year.	Notifications.		Deaths.	
	Pulmonary.	All Forms.	Pulmonary.	All Forms
1915	727	990	414	557
1916	878	1,098	410	552
1917	893	1,146	405	621
1918	829	1,123	489	667
1919	919	1,176	392	525
1920	787	1,052	334	461
1921	611	830	344	464
1922	671	882	354	481
1923	736	994	345	454
1924	717	1,018	359	476
1925	712	945	364	481
1926	594	887	337	467
1927	489	795	323	439
1928	549	814	321	452
1929	474	702	340	442
1930	468	709	265	368
1931	479	692	258	336

*(Registrar General's figures).

TABLE T.XIII.

The Death Rates per 1,000 of population from pulmonary and other forms of tuberculosis since 1891, for Derbyshire and all England and Wales, are as follows :—

Years.	PULMONARY.		NON-PULMONARY.		TOTAL.	
	Derbyshire.	England & Wales	Derbyshire.	England & Wales	Derbyshire.	England & Wales
1891-1900	1.08	1.37	—	—	—	—
1901-1910	.81	1.16	.49	.49	1.30	1.65
1911-1920	.71	1.07	.32	.35	1.03	1.42
1921-1930	.54	.81	.19	.20	.73	1.01
1931	.42	—	.12	—	.54	—

SILICOSIS AND ASBESTOSIS (MEDICAL ARRANGEMENTS) SCHEME, 1931.

This Scheme, which came into force on 1st June, 1931, was introduced by the Home Secretary for the purpose of co-ordinating the medical arrangements under the different Workmen's Compensation Schemes for silicosis and to provide for workers engaged in certain processes in the Pottery and Asbestos Industries.

Before the introduction of this Scheme, the Tuberculosis Officers carried out initial examinations of new employees in these industries under the Refractories and Sandstone Industries (Silicosis) Schemes of 1925 and 1929. At the request of the Home Secretary, the

Tuberculosis Officers were permitted by the County Council to carry out examinations when required under the new Scheme.

During the year 1931, 46 examinations were carried out under the various schemes by the Tuberculosis Officers.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

In my Report for last year I stated that a Local Authority in the County had prohibited a man, under these Regulations, from continuing his engagement in the milk trade, and that the man had claimed compensation, but at the time of writing that Report the case had not been settled. Eventually the matter was referred to a court of Arbitration, and an award of £75 was granted to the man. This was based on the loss of two cows in the man's possession at the time formal notice was served prohibiting his engagement in the milk trade. The man was a tenant of a small holding.

During the year, three persons suffering from tuberculosis of the respiratory tract and in an infectious state, who were engaged in the milk trade, were reported to me. The attention of the Local Medical Officer was drawn to these three cases, and in two instances the men gave undertakings not to continue the handling of milk. In the third case the man was shortly afterwards admitted to the Sanatorium, where he is still receiving treatment.

PUBLIC HEALTH ACT, 1925 (SECTION 62).

It was not found necessary to take any action under this Section during the year.

AFTER-CARE.

There are five After-Care Committees functioning in the County, viz., Chesterfield Borough, Glossop Borough, Ilkeston Borough, Long Eaton, and Ripley. Three of these Committees administer, on behalf of the County Council, the scheme for the provision of extra nourishment in their areas. Apart from this, the work of these Committees is purely of a voluntary nature—they raise money locally for the assistance of necessitous cases.

OTHER SERVICES.

Arrangements for the home visiting of tuberculous patients by the County Health Visitors, the provision of shelters, the granting of extra nourishment and the home nursing of bed-ridden cases of tuberculosis by District Nurses have been described in previous reports. The work done under these services is tabulated below:—

Homes visited by Health Visitors—

Dispensary Cases	...	...	6,080
Other Cases	...	...	2,053
			<hr/>
Total	...		8,133

Shelters.

During the year 20 new shelters were purchased at a cost of £11 5s. 0d. each. Four of these were issued to Walton Sanatorium, four to the Bretby Hall Orthopædic Hospital, and two to the Penmore Tuberculosis Pavilion, to provide extra accommodation during the summer time. The remainder have been loaned to suitable patients on the recommendations of the Tuberculosis Officers.

Number of Shelters sold during the year	...	3
Number in use at the end of the year	...	77
Number in store at the end of the year	...	25
Sets of bed and bedding supplied	...	26
Shelters supplied but not in use	...	20
Shelters available for use at Institutions	...	18

Extra Nourishment.

Number of patients to whom milk was granted...	83
Cost	£214

Nursing of Bed-ridden Cases.

Number of bed-ridden cases referred to District Nurses	...	12
Number of visits paid by District Nurses	...	193

X-Rays.

The following Table shows the number of X-Rays taken in connection with the Council's Institutions and Dispensaries:—

<i>Dispensary Area.</i>	<i>No. of Patients.</i>
Ashbourne	22
Burton	66
Chesterfield	412
Chinley	153
Derby	146
Glossop	33
Ilkeston	67
Long Eaton	68
Matlock	43
	<hr/>
	1,010
Derbyshire Sanatorium ...	1,065
Bretby Hall Orthopædic Hospital	782
	<hr/>
	2,857
	<hr/>

The increasing importance of this branch of work is seen by the rapid growth in the number of patients X-rayed during the past 10 years—798 during 1922, 1,695 during 1927, and 2,857 last year. Apparatus which was capable of dealing with the small number of patients ten years ago has now become obsolete and out of date, and in some cases very dangerous to operate. Steps are being taken to replace the old apparatus at the Derbyshire Sanatorium and Derby.

Bacteriological Examination of Sputa.—The following Table shows the number of examinations of sputa for tubercle bacilli made in the County Laboratory during the year :—

TABLE T. XIV.

	<i>Pos.</i>	<i>Neg.</i>	<i>Total.</i>
From Medical Practitioners ...	184	1,124	1,309
From Dispensaries and Sanatoria	237	892	1,129
From Hospitals	—	—	—
Total	421	2,017	2,438

Specimens examined by the Ellerman and Erlandsen method.

Up to 10 years		11—20		21 & over		Totals	
<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>
4	120	19	339	32	477	55	936

BLIND PERSONS ACT. 1920.

At the end of 1931 there were 773 Blind Persons (413 Males and 360 Females) on the Register. Of these, 345 were in receipt of County relief at a total cost of £8,138 per annum. The average amount of relief per case was 9s. 1d. per week.

During the year the Council have, by arrangement with the Derbyshire Insurance Committee, undertaken the domiciliary medical relief of necessitous blind persons in the County. The Derbyshire Insurance Committee arrange for treatment by the panel doctors, the charge to the Council being at the rate of 11s. 3d. per head per annum, *i.e.*, 9s. for medical attention and 2s. 3d. for drugs and dispensing. On December 31st, 1931, 219 blind persons (72 men and 147 women) had chosen doctors under the scheme.

MENTAL DEFICIENCY ACTS, 1913 and 1927.

The Mental Deficiency Acts are administered in this County by the Mental Deficiency Act Committee. The number of cases dealt with and the action taken up to the end of 1931 are as shown in the following table :—

TABLE XLII.

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
A.—NUMBER OF CASES “ SUBJECT TO BE DEALT WITH ” :—			
1. Under “ Order ” :—			
(a) (1) In Institutions (excluding cases on Licence) ...	43	132	175
(2) On Licence from Institutions	3	4	7
(b) (1) Under Guardianship (ex- cluding cases on Licence)	3	3	6
(2) On Licence from Guardian- ship	—	—	—
2. In “ places of safety ”	1	7	8
3. Under Statutory Supervision ...	154	111	265
Of whom :—			
(a) Attending Occupation Centres	—	—	—
(b) Awaiting removal to an Institution	27	21	48
4. Action not yet taken under any one of the above headings—			
(a) Notified by Local Education Authorities, Sec. 2(2) ...	3	2	5
(b) Mental Defectives in receipt of Poor Law Relief :—			
(1) Indoor Relief	60	72	132
(2) Outdoor Relief	37	46	83
(c) Otherwise “ ascertained ”	5	5	10
B.—NUMBER OF CASES WHO MAY BECOME “ SUBJECT TO BE DEALT WITH ” :—			
1. In Institutions or under Guardian- ship dealt with under Sec. 3 :—			
(a) In regard to whom the Local Authority contributes un- der its permissive powers	—	6	6
(b) Maintained wholly by parents, relatives or others	5	3	8

2. Reported to the Local Authority from any reliable source but as to whom no action has been taken	...	...	239	240	479
3. Under Voluntary Supervision	...			(Supervised by Health Visitors).	
Of whom, attending Occupa- tion Centres	...	...	—	—	—

TABLE XLIII.
**SUMMARY OF WORK DONE BY HEALTH VISITORS
DURING 1931.**

1. MATERNITY AND CHILD WELFARE.

(a) *Ante-Natal*—

Number of Sessions	...	...	...	281
Attendances:				
Ante-Natal	...	...	...	3,606
Post-Natal	...	...	...	271
			—	3,877
Visits to homes—				
First visits	...	...	...	1,520
Subsequent visits	...	...	...	835
			—	2,355

(b) *Infant Welfare*—

First visits to infants	...	...	9,536
Other visits (under 1 year)	...	...	30,279
Visits to children 1—5 years	...	...	51,270
		—	91,085

(c) *Attendances at Infant Welfare Centres*—

Number of Sessions	...	...	...	1,825
Expectant mothers (at Centres)				514
Infants under 1 year	...	...	...	37,226
Children over 1 year	...	...	...	29,791
			—	67,531

2. TUBERCULOSIS—

No. of Dispensary sessions attended	...	...	...	789
No. of visits to homes	...	...	...	8,133

3. SCHOOL MEDICAL INSPECTION—

Number of Inspections :—

Elementary	31,255
Secondary	2,206
Verminous conditions ...	155,270
Other Inspections ...	19,953
Home visits to school children ...	15,598
	<hr/> 224,282

Clinic Sessions attended—

Tonsil and Adenoid operations	530
Ear	199
Eye	429
Dental anæsthetic	174
	<hr/> 1,332

4. MENTAL DEFICIENCY—

Visits to homes	1,842
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5. BLIND PERSONS ACT—

Visits to homes	451
------------------------	-----

6. Infant Life Protection Visits 331

7. Boarding-out Visits 1,066

8. Miscellaneous Visits 655

COUNTY OF DERBY.

Appendix I.

Table of Deaths during the year 1931 in each of the URBAN Sanitary Districts, Classified according to Diseases.

URBAN SANITARY DISTRICT.	DEATHS FROM SUBJOINED CAUSES.																																				TOTALS.						
	Typhoid & Paratyphoid Fevers.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis Lethargica.	Cerebro Spinal Fever.	Tuberculosis of Respiratory System.	Other Tuberculous Diseases.	Syphilis.	General Paralysis of the Insane, Tabes Dorsalis.	Cancer. Malignant Disease.	Diabetes.	Cerebral Hemorrhage.	Heart Disease.	Aneurysm.	Other Circulatory Diseases.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Peptic Ulcer.	Diarrhoea, etc. (under 2 yrs).	Appendicitis.	Cirrhosis of Liver.	Other Diseases of Liver, etc.	Other Digestive Diseases.	Acute and Chronic Nephritis.	Puerperal Sepsis.	Other Puerperal Causes.	Congenital Debility, Premature Birth, Malformation, etc.	Senility.	Suicides.	Other Violence.	Other Defined Diseases.	Causes ill-defined or unknown.		Smallpox.	Polio-myelitis.	Polio-encephalitis.			
ALFRETON	1	...	4	...	12	...	3	3	3	...	2	27	2	15	54	...	9	10	16	...	6	1	...	1	4	7	7	1	1	14	9	...	8	13	1	1	235	
ALVASTON & BOULTON	1	1	2	1	2	1	...	3	...	2	9	...	1	3	1	1	2	2	6	1	4	43
ASHBOURNE	1	...	6	2	12	...	6	12	...	2	...	1	2	...	1	3	1	2	10	...	3	2	66	
BAKEWELL	2	1	6	...	4	5	1	1	1	1	...	2	1	3	28	
BASLOW	1	3	...	1	7	1	1	1	1	1	17	
BELPER	1	1	6	...	1	11	2	...	1	19	1	10	31	...	9	4	12	1	1	...	3	10	...	2	7	10	...	3	12	158	
BOLSOVER	2	...	1	1	3	5	3	12	4	5	4	...	7	9	9	4	1	...	1	3	2	10	6	...	6	9	107	
BONSALL...	1	2	4	...	1	...	2	1	...	1	...	1	2	2	17	
BRAMPTON & WALTON	1	1	2	1	1	4	2	...	1	1	2	4	...	1	3	24
BUXTON (Boro')	3	5	1	1	8	1	18	4	9	38	1	11	6	8	2	1	2	1	...	2	5	9	2	2	4	4	13	1	162
CHESTERFIELD (Boro') ...	1	3	1	...	2	18	...	1	35	9	2	1	91	8	60	144	...	22	41	60	11	3	4	1	...	3	19	10	4	6	48	27	6	25	60	7	736	
CLAY CROSS	1	4	6	1	1	...	10	1	4	30	7	16	1	...	1	2	2	...	1	2	5	...	3	8	105	
DRONFIELD	1	...	1	1	3	1	4	12	1	3	...	1	1	1	2	1	3	6	42	
GLOSSOP (Boro')	4	...	1	1	9	11	2	...	1	40	4	24	61	...	32	11	13	3	2	...	1	1	3	11	3	6	16	1	3	30	3	297	
HEAGE	2	2	5	...	4	4	3	2	1	1	...	1	3	3	4	1	1	6	43	
HEANOR	2	1	18	13	6	26	4	11	27	...	7	10	17	2	3	3	6	2	...	5	5	13	13	2	10	32	238	
ILKESTON (Boro')	1	...	1	...	21	2	1	12	5	...	1	39	4	19	71	...	26	19	37	2	3	9	1	...	2	7	9	1	1	14	25	11	22	22	388	
LONG EATON	1	5	1	...	13	2	1	...	24	2	18	40	3	10	5	9	5	...	1	3	6	4	2	2	7	29	2	8	13	3	219	
MATLOCKS	1	1	6	1	1	4	1	16	5	6	32	...	9	6	6	1	1	6	2	4	2	1	3	17	4	136	
NEW MILLS	4	1	...	5	1	16	5	4	16	...	2	4	6	1	1	1	1	1	1	1	4	...	1	3	9	...	5	12	1	106	
NORTH DARLEY	2	2	1	4	...	6	7	...	1	1	1	6	1	1	1	5	42	
RIPLEY	1	...	5	...	1	7	2	...	1	13	1	14	19	...	8	12	5	1	1	5	8	2	...	4	14	2	9	12	147	
SOUTH DARLEY	1	7	...	1	2	...	2	1	1	1	16
SWADLINCOTE	1	...	1	5	...	8	1	1	8	19	1	17	39	3	2	17	13	4	...	2	...	2	...	4	5	1	2	7	32	5	6	16	2	224
WIRKSWORTH...	1	3	6	20	5	1	3	1	5	2	...	1	48
TOTAL OF URBAN DISTRICTS	3	18	3	18	6	137	8	13	154	43	5	7	421	48	247	692	8	164	170	241	46	20	26	19	10	19	100	94	13	16	165	219	37	130	300	23	1	3644	

DERBYSHIRE EDUCATION COMMITTEE.

REPORT

OF THE

School Medical Officer

ON THE

Medical Inspection of School Children

FOR THE

Year ended 31st December, 1931.

W. M. ASH, M.B., B.S., F.R.C.S., D.P.H.,
School Medical Officer.

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SCHOOL MEDICAL STAFF.

COUNTY SCHOOL MEDICAL OFFICER—

W. M. ASH, M.B., B.S., F.R.C.S.. D.P.H.

DEPUTY SCHOOL MEDICAL OFFICER—

R. N. CURNOW, M.B., B.S., D.P.H. (*appointed 22/6/31*).

ASSISTANT SCHOOL MEDICAL OFFICERS—

H. S. BRYAN, M.R.C.S., L.R.C.P.

F. J. BURKE, M.D., B.Ch.

WILHELMINA W. HENDRY, M.B., Ch.B., D.P.H.

A. MACMILLAN, M.B., Ch.B., D.P.H.

ETHEL W. MORRIS, M.R.C.S., L.R.C.P., D.P.H.

W. J. PIERCE, M.B., Ch.B., D.P.H.

H. N. POPHAM, M.B., B.S.

Also 7 Part-time School Medical Officers.

OPHTHALMIC SURGEON—

T. E. A. CARR, M.B., B.S.

EAR, NOSE AND THROAT SURGEON—

MARGARET S. PURCE, M.B., B.Ch., F.R.C.S.

ORTHOPÆDIC SURGEON—

G. A. Q. LENNANE, M.B., B.Ch.

SENIOR DENTAL OFFICER—

H. P. SUTCLIFFE, L.D.S.

DENTAL OFFICERS—

CHRISTINE B. CALDER, L.D.S.

JOSEPHINE DOLAN.

ELIZABETH GRANT, L.D.S.

FLORA GRANT, L.D.S. (*appointed 13/4/31*).

BETTY C. HAMILTON, L.R.C.P. & S., L.D.S.
(*resigned 28/3/31*).

CICELY JEFFERSON, L.D.S.

MEREDITH LEWIS, L.D.S.

C. L. NOBLE, L.D.S.

DORIS M. THOMSON, L.D.S.

Also 6 Dental Attendants and 3 Dental Clerks.

ORTHOPÆDIC NURSES—

Miss M. E. GARRATT.

Miss E. TAYLOR.

SCHOOL NURSES—

53 School Nurses are employed.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER, 1931.

To the Chairman and Members of the Derbyshire Education Committee.

LADIES AND GENTLEMEN,

I have the honour to present the Twenty-fifth Annual Report on the work of the School Medical Service in Derbyshire.

The work of the School Medical Department was continued very much on the lines of previous years, and although the economic position has made it impossible to contemplate any marked extension in the Service, it has been possible to keep up the amount and the standard of the work.

It will be noted that the school population is practically the same as last year. The total number of examinations of school children out-numbers that of the previous year by 1,800.

The Dental Section has shewn a considerable increase of its work in all Departments. This has only been possible because the service has been maintained without frequent interruptions such as are caused by resignations and new appointments. During the year we sustained the loss of one very competent Dental Officer, Dr. Betty Hamilton, who has been appointed Dental Officer to another Authority.

I particularly draw your attention to that portion of the Report which deals with the subject of enlargement of tonsils and adenoids. It will be seen that I have taken steps, which may appear at first sight to be of a drastic nature, but these were only taken after three years of very careful consideration, during which I endeavoured to find justification for the large amount of operative work required of the County Staff. It will be evident from the text of the Report that I was unable to satisfy myself that many conditions previously considered to indicate operation were in any way benefitted, and not being amongst those who regard the operation of tonsillectomy and adenoidectomy as a trivial matter, I have taken what I think will be but a first step in the limitation of operations for these conditions.

It will be seen from the Report that this step was taken in May, 1931, when I definitely restricted the operation to certain conditions. Since that date, abler authorities than myself have published opinions which support me in my action. Actually whilst the

body of this Report was in the press, the British Medical Journal referred to a published series of Lectures on "The Conservation of the Lymphoid Tissue of the Upper Respiratory Tract," by Mr. T. B. Layton, Surgeon-in-charge of the Throat and Ear Department, Guy's Hospital, which shows quite definitely that his vast experience has taught him that there is an amount of damage done to children by depriving them of an important defensive mechanism—particularly important in young children. The British Medical Journal exhorts officers in charge of school clinics, and general practitioners, with whom rests the responsibility of deciding for or against operation, to read and re-read this pamphlet. I sincerely hope they will do so, and that there will consequently arise a generation of doctors and parents who will realise that it is not usually to the benefit of Humanity to allow Man to dispose where God has proposed.

I would like, in conclusion, to put on record my appreciation of the help I have received from the Education Committee and the Director of Education during the year, the latter half of which, in view of the economic position, has been a period of general difficulty. I am highly appreciative of the sympathetic consideration given at all times by the Education Committee to matters of medical importance.

I have the honour to be

Your obedient Servant,

W. M. ASH,

School Medical Officer.

*New County Offices,
St. Mary's Gate,
Derby.*

March, 1932.

SECTION I.

NUMBER OF SCHOOLS AND ENROLMENTS.

The Derbyshire Education Committee is the Local Education Authority for the whole of the administrative County with the exception of the Boroughs of Buxton, Chesterfield, Glossop and Ilkeston, which are autonomous for elementary education.

The districts for which the Derbyshire Education Committee is responsible for the purpose of elementary education are set out in Table A, which also shows the number of schools and enrolments in each district.

The following table gives a comparison of the number of schools and enrolments in the Urban and Rural districts for the past six years :—

<i>Year.</i>	<i>Number of Schools.</i>			<i>Enrolment.</i>		
	<i>Urban Districts.</i>	<i>Rural Districts.</i>	<i>Total.</i>	<i>Urban Districts.</i>	<i>Rural Districts.</i>	<i>Total.</i>
1926 ..	93	281	374	30127	46641	76768
1927 ...	96	278	374	30496	47817	78313
1928 ...	98	279	377	29977	46524	76501
1929 ...	94	283	377	29222	46013	75235
1930 ...	97	280	377	25404	49672	75076
1931 ...	97	280	377	29287	45788	75075

New Schools.

No new permanent elementary schools have been completed during the year.

TABLE A.

<i>District.</i>	<i>Name of Doctor.</i>	<i>No. of Schools in Area.</i>	<i>Enrolment.</i>
URBAN DISTRICTS.			
Alfreton	Dr. Macmillan	12	3,763
Alvaston and Boulton ...	Dr. Hendry	2	408
Ashbourne	*Dr. Sadler	2	613
Bakewell	*Dr. Evans	2	345
Baslow	Dr. Bryan	1	78
Belper	Dr. Popham	5	1,810
Bolsover	Dr. Burke	8	2,864
Bonsall	Dr. Bryan	2	178
Brampton and Walton	*Dr. McCrea	4	367
Clay Cross	Dr. Macmillan	2	1,662
Dronfield	Dr. Burke	1	714
Heage	Dr. Popham	4	681
Heanor	*Dr. Turton	14	3,675
Long Eaton	Dr. Hendry	6	3,085
Matlocks	Dr. Bryan	7	1,308
New Mills	*Dr. Pemberton	6	1,163
North Darley	Dr. Bryan	2	441
Ripley	†Dr. Macmillan	5	1,992
South Darley	Dr. Bryan	1	77
Swadlincote	Dr. Pierce	8	3,548
Wirksworth	Dr. Popham	3	515
Urban Districts ...	Total	97	29,287
RURAL DISTRICTS.			
Ashbourne	Dr. Pierce	22	1,428
Bakewell	Dr. Bryan	33	2,372
Basford	Dr. Popham	1	186
Belper	Dr. Popham	33	3,394
Blackwell	*Dr. Wear	26	7,593
„	Dr. Morris	One Dept.	149
Chapel-en-le-Frith ...	Dr. Bryan		2,062
Chesterfield	Dr. Morris	16	4,637
„	Dr. Burke	24	5,910
„	Dr. Macmillan	16	4,469
Clowne	Dr. Morris	7	3,061
Glossop	*Dr. Milligan	5	342
Hartshorn and Seals ...	Dr. Hendry	8	1,673
Hayfield	Dr. Bryan	3	368
Norton	Dr. Morris	5	606
Repton	Dr. Pierce	23	2,464
Shardlow	Dr. Hendry	23	3,987
„	Dr. Popham	7	685
Sudbury	Dr. Pierce	6	402
Rural Districts ...	Total	280	45,788
Total (Whole-time Officers)		318	60,977
Total (Part-time Officers)		59	14,098
Total ...		377	75,075

* Part-time Officers.

†Ripley Schools were transferred to Dr. Popham in November, 1931.

CO-ORDINATION.

Co-ordination between the various medical services in the County continues on the lines indicated in previous reports. The School Medical Officer is also the County Medical Officer of Health, and, wherever possible, the Assistant School Medical Officers are also Medical Officers of the Infant Welfare Centres in their area. The School Nurses also act as Health Visitors in their own districts. This leads to very close co-operation between the several medical departments. Any case suspected of suffering from tuberculosis is referred by the School Medical Officer to the Tuberculosis Officer, while severe crippling defects are transferred to the Orthopædic Surgeon. The Tuberculosis Officer and the Orthopædic Surgeon also notify the School Medical Officer of cases which they have discovered independently of the School Medical Service. A closer system of co-operation between the School Medical and School Dental services was instituted in the middle of the year in order to ensure that children suffering from enlarged tonsils and adenoids should have their teeth put in order before any other form of treatment was undertaken. This system is again referred to under the heading of "Tonsils and Adenoids."

Nursery Schools. The Education Committee has provided no Nursery Schools in the County area.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

School Hygiene.—As in previous years, each Assistant School Medical Officer, on completion of the medical inspection of the children in the schools in his area, makes a survey of the premises and reports on any defects found. During the year 430 departments were inspected, and details of the conditions found are given in Table B below :—

TABLE B.

	Good.	Insufficient.	Defective and needs attention.
Cleanliness	415	7	8
Heating	423	6	1
Lighting	412	17	1
Ventilation	416	10	4
Water Supply	415	15	—
Washing Arrangements	393	33	4
Cloak Room Arrangements	421	8	1
Sanitary Arrangements	399	12	19
Playground	383	1	46

The serious defects in the sanitary condition of any department are at once referred to the County Architect. The following Table (Table C) shows the work done by the County Architect during

the last five years, part of which was undertaken as a result of the reports of the medical inspectors :—

TABLE C.

TYPE OF WORK.	1927	1928	1929	1930	1931	Total.
Improvements to heating apparatus	8	6	18	61	75	168
Heating improved by stoves, etc. ...	17	7	4	12	17	40
Conveniences converted ...	2	7	9	2	2	22
Drainage improved ...	3	4	6	14	16	43
Ventilation improved ...	3	3	7	12	22	46
Electric light installed ...	14	12	17	12	14	69
New floors ...	12	10	10	28	34	94
Supplied with Cookery Centre ...	—	6	2	1	1	10
Supplied with Manual Rooms ...	7	9	3	—	—	19
General repairs carried out ...	220	291	232	275	124	1,142

Medical Inspection.—The work of medical inspection is continued in the manner described in previous reports, and set out in detail in the Report of 1930. Each school is visited for the purpose of routine medical inspection and, as far as possible, a second visit for re-inspection of children found to be defective is paid later in the year. In addition to the visits of the Assistant School Medical Officer, the School Nurse attends each school from time to time to examine the children for personal cleanliness and verminous conditions. During 1931, each school received on an average 3.98 such visits.

(a) **The Age Groups** inspected were those prescribed by the Board of Education (Special Services) Regulations, 1925. Statistical particulars of these routine inspections, together with particulars of special inspections and re-inspections, are given in Table I. appended to this Report.

(b) **Extent to which the Board's Schedule of Medical Inspection has been followed.**—All inspection has been carried out in accordance with the Schedule of Medical Inspection of the Board of Education. The numbers of examinations made during the year are given below, with the comparative figures for the previous five years. It will be noted that there is a large increase in the number of re-examinations—an increase which is partly due to the careful and frequent re-examination of children found to be suffering from enlarged tonsils and adenoids :—

TABLE D.

		Inter-					Total.
		Entrants.	mediates.	Leavers.	Specials.	Re-exam.	
1926	...	10,167	7,800	9,081	2,342	1,445	30,935
1927	...	9,400	6,673	7,554	2,140	4,184	29,951
1928	...	9,715	9,326	7,773	2,036	5,863	34,713
1929	...	8,441	8,278	6,472	2,225	6,254	31,670
1930	...	9,060	9,702	6,884	2,620	8,785	37,051
1931	...	9,315	8,505	6,597	2,668	11,772	38,857

FINDINGS OF MEDICAL INSPECTIONS AND MEDICAL TREATMENT.

Appended to this Report will be found the Tables prescribed by the Board of Education showing defects found at Medical Inspections during 1931 (Table II., Section A.); number of children found to require treatment (Table II., Section B.); whilst Group IV. of Table IV. shows the dental defects found and Group V. of Table IV. relates to uncleanness and verminous conditions.

(a) **Uncleanliness.** During the year, 155,270 inspections and re-inspections for this condition were made compared with 141,982 in 1930. Of the number of inspections and re-inspections made, 63,623 were of boys and 91,647 of girls. The number of individual children examined was 38,103 boys and 36,972 girls, and the number found to be verminous during the year was 2,056. This figure does not include children who were found to have one or two nits on one occasion only. Of this figure, 221, or 0.58%, were boys, and 1,835, or 4.96%, were girls.

(b) **Minor Ailments.** Detailed returns of the incidence of defects found are set out under their respective headings in Table II. Table IV. (Group I.) shows a total of 4,137 minor ailments treated. Of these, 3,473 were treated under the Authority's scheme, and 664 otherwise.

(c) **Tonsils and Adenoids.** During the year, 5,681 children were found to be suffering from enlarged tonsils or adenoids, 2,876 of them being referred for treatment. 1,970 cases of enlarged tonsils or adenoids were operated on by the Aural Surgeon, 656 received their operations elsewhere, making a total of 2,626 for the year.

The school population is 75,075. The operation rate for the year was 3.5%. This rate has steadily increased for many years, but if it remains at its present figure for the next nine years, approximately 31.5%, or nearly one third of the children leaving school will have been subjected to this operation.

The time has come to examine the merits and risks of tonsillectomy and adenoidectomy, and the conditions under which the operation is performed, reviewing first the opinion of the Board of Education and its Chief Medical Officer, the proportion of cases recommended for operation in Derbyshire over a period of years compared with the figures for England and Wales as a whole, the number of operations performed in Derbyshire, the conditions at the clinics under which the operation is carried out, and the steps that have been taken to ensure that no operation is performed unnecessarily.

A striking feature of the reports of the Chief Medical Officer of the Board of Education has been the constant reiteration for many years of warnings against the promiscuous removal of tonsils and adenoids, and the performance of operations under any but the best of conditions.

In the 1923 report of the Chief Medical Officer of the Board of Education, the Board clearly defined its policy, which was adopted by the Section of Laryngology of the Royal Society of Medicine. It would not be out of place to quote the following sections from that report :—

“The School Medical Officer should take into consideration the following points :—

(1) That the condition is not merely temporary, and may subside in due course. Even where there are signs of mechanical obstruction, and still more if there are signs of active inflammation, it is advisable for a time to suspend judgment, unless the character of the growth shows fibrous and permanent hypertrophy.

(2) That the condition is not due to some cause (such as carious teeth or other disease or defect) which when removed will lead to subsidence of the enlargement.

(3) That the condition is either causing or likely to cause injury to the child's health.

(10) Wherever possible, all patients requiring operations for tonsils and adenoids should have in-patient treatment before and after operation. A stay of from twenty-four to forty-eight hours may be necessary, and a further stay if deemed advisable.”

In 1928, again in the light of experience during the last five years, the following point, among others, was emphasized :—

“No child should be submitted to operation unless it is evident that non-surgical conservative methods would fail.”

More recent investigation by Kaiser and others have thrown considerable doubt on the efficacy of tonsillectomy as a form of treatment for many associated conditions which had previously been considered indications for this operation.

The following table shews the proportionate numbers found at Routine Medical Inspection to require treatment for enlarged tonsils and adenoids, in Derbyshire, and in England and Wales as a whole. It will be seen that the figure for this county has been steadily increasing from 1926 to 1930—in the latter years being more than twice the figure for England and Wales.

TABLE E.

TONSILS AND ADENOIDS REFERRED FOR TREATMENT.

(Incidence per 1,000 Routine Inspections.)

		<i>Derbyshire.</i>	<i>England and Wales.</i>
1926	...	89·8	54·6
1927	...	113·8	60·9
1928	...	118·7	63·0
1929	...	143·7	66·8
1930	...	140·2	66·5
1931	...	83·1	—

Definite conclusions cannot be drawn from generalizations such as appear in the above table without due regard to local circumstances which may influence the figures. It may well be that the arrangements for treatment of these defects in this county are so accessible that there may be a tendency to refer for treatment cases that should more properly be subjected to a period of observation and conservative treatment.

As a result of the large number of cases recommended for treatment, the list of cases waiting to be examined by the Ear, Nose and Throat Surgeon grew to an alarming extent during the early months of 1931. In May, 1931, in order to ensure that none but the most urgent of cases were referred to the Surgeon without first an attempt being made to remedy the condition by conservative methods, a circular letter was sent to all Assistant School Medical Officers. These instructions were based upon the findings of the Medical Committee appointed by the Board of Education and upon the work done by Kaiser, who tabulated the results of operative treatment of 5,000 children in America one year after operation, and of 1,200 children three years after operation. An epitome of their conclusions is included in the following quotation from my circular issued on 29th May, 1931 :—

“ With a waiting list the size of the present one it is essential that only cases urgently requiring treatment should be submitted for operation, and as indications of urgency I suggest that obstruction giving rise to mouth breathing or interference with speech, constant colds in the head, sore throat and otitis are the indications for operation, and only cases showing these symptoms should be referred to the Aural Department at the present time.”

“ Investigation of large numbers of children appears to show that ordinary respiratory troubles of the larynx, bronchi and lungs are as frequent amongst cases who have had their Tonsils and Adenoids removed as amongst those who have not ; that the incidence of the common infectious diseases, with perhaps the exception of diphtheria, is not lessened by operation ; there is little improvement in nutrition, generally speaking, amongst those treated, and it was only possible to claim that operation had improved those submitted to operation for mouth breathing, colds in the head, sore throat and otitis.”

“ It will be known to you that a diet lacking in Vitamins A and D is a possible cause of enlarged tonsils and adenoids, that the presence of septic teeth is a predisposing factor, so also is mouth breathing.”

“ I therefore require that cases of enlarged tonsils and adenoids should be divided into those requiring urgent operation and that those who do not require operation urgently should be advised by the Assistant School Medical Officer as to proper diet, should be taught to breathe properly, and should have septic dental conditions remedied, but should not be recommended for operation until they have been subjected to re-examination by the Assistant School Medical Officer at a date not earlier than six months.”

Subsequently a closer method of co-operation between the Assistant School Medical Officers and the Assistant Dental Officers was instituted, and a regulation was issued placing the responsibility upon the Assistant School Medical Officer of seeing that all cases suffering from enlargement of the Tonsils and Adenoids were referred to the dental department to be made "dentally fit" before further action was taken; if the condition was regarded as urgent, the patient was then transferred by the Assistant School Medical Officer to the Ear, Nose and Throat Department; if the condition was not urgent, there followed a period of at least six months observation and conservative treatment.

As a result of this alteration in procedure, the proportionate number of cases referred for treatment as shown in Table E has fallen from 140.2 to 83.1, although the scheme has only been in progress for six months. The number of cases waiting to be examined by the Specialist was 796 in September, and fell to 286 by the end of December. The following Table shows still more clearly the abrupt change which has occurred during the last year in the number of cases referred for treatment and the number placed under observation—some 1,000 cases being treated by conservative means which would otherwise in all probability have been sent direct for operation:—

TABLE F.

		<i>Total No. found Defective.</i>	
		<i>Referred for Treatment.</i>	<i>Referred for Observation.</i>
1927	...	3,031	2,170
1928	...	3,724	1,986
1929	...	4,108	1,584
1930	...	4,336	1,862
1931	...	2,876	2,805

At the end of the year a report was received from each Assistant Medical Officer on the results of such conservative treatment as had been advised. It will be appreciated that the smallness of the figures is due to the short time that has elapsed since the institution of the new procedure, all the cases appearing in the following table having been observed for a period of at least six months:—

	<i>Total.</i>	<i>Had Operation.</i>	<i>Cured.</i>	<i>Im- proved.</i>	<i>Un- changed.</i>	<i>Referred for Operation</i>
No. of cases	334	20	34	58	128	94
Percentage	100	6	10.2	17.3	38.3	28.2

These figures compare favourably with other observers; the Medical Committee of the Board of Education found 11 cases of adenoids out of 53 improved or cured after a period of observation, while Dr. Brewer (Swindon) found 26 cases out of 200 (i.e., 13%) cured or improved without operative treatment.

It is encouraging to see that almost as many cases of this group were improved by conservative treatment (27·5%) as were recommended for operative treatment at the end of the period of observation (28·2%).

TABLE G.
RECEIVED OPERATIVE TREATMENT.

	<i>By the County Surgeon.</i>	<i>Total (including Hospital, etc.).</i>
1927 ...	1,346	1,748
1928 ...	1,466	2,043
1929 ...	1,716	2,240
1930 ...	1,742	2,316
1931 ...	1,970	2,626

This table clearly demonstrates the rapidly-rising number of operations for the removal of tonsils and adenoids performed in this County. Owing to the large waiting list which has accumulated during the Spring of 1931 no diminution has taken place in the number of operations during that year. The rapid increase in the number of operations has reached astounding proportions when it is realised that these figures refer to a school population of only 75,075.

Moreover, it is realized that the arrangements for operations in this County are far from ideal. There are no facilities for keeping all children in for at least 24 hours after operation, and those who show no untoward signs leave the clinic on the day of the operation, frequently travelling long distances to their homes, where they may be remote from medical aid. The provision of in-patient facilities has been a matter of concern for some time, but so far there has been no solution to the problem.

At present operations for enlarged tonsils and adenoids are performed at clinics, namely :—

Alfreton.
Ashbourne.
Chesterfield.
Chinley.
Derby.
Shirebrook.

It has been the practice for many years to belittle the risks of the operation, yet it must be realized that the sequelæ, as will be seen by a glance at the post operative complications published in these reports, though not common, are often alarming and sometimes fatal. In selected cases the operation is beneficial, but in unsuitable cases it does no good—in fact, it sometimes does a considerable amount of harm. It behoves those whose duty it is to advise parents, to try every form of treatment before embarking upon an operation which cannot be regarded as a trivial matter.

TABLE H.
EAR, NOSE, AND THROAT CASES EXAMINED.

<i>Area.</i>	<i>New Cases.</i>	<i>Old Cases.</i>	<i>Re-examinations</i>
Ashbourne	166	50	111
Alfreton	290	44	254
Belper	174	73	147
Bretby Orthopædic Hospital...	39	28	35
Chinley	218	56	111
Clay Cross	113	71	161
Chesterfield	509	212	375
Derby	387	217	151
Heanor	103	34	113
Long Eaton	92	13	41
Matlock	213	51	160
Shirebrook	200	13	178
Swadlincote	224	30	177
Total No. of Cases ...	2,728	892	2,014

Total number of Examinations ... 5,634,
i.e., 5,435 Education Cases,
199 M. & C.W. Cases.

TABLE J.
OPERATIONS PERFORMED FOR ENLARGED TONSILS
AND ADENOIDS.

<i>Area.</i>	<i>Education. cases.</i>	<i>M. & C.W. cases.</i>	<i>Secondary School cases.</i>	<i>Others.</i>	<i>Totals.</i>
Alfreton ...	258	15	3	—	276
Ashbourne	58	11	—	19	88
Bretby ...	24	—	—	Staffs.C.C. —	24
Chesterfield	586	41	7	—	634
Chinley ...	116	24	7	30	177
Derby ...	701	65	10	Buxton Borough Cases. —	776
Shirebrook	148	6	3	—	157
Totals ...	1891	162	30	49	2132

POST OPERATIVE COMPLICATIONS.

Secondary Hæmorrhage	...	...	...	17
Acidosis	...	...	...	11
Cervical Adenitis	...	...	...	3
Chest Conditions	...	...	...	9
Hypert thyroidism	...	...	...	2
Chorea	...	...	...	4
Palatal Paresis	...	...	...	1
Mastoiditis	...	...	...	1
Parotitis	...	...	...	1
Scarlet Fever	...	...	...	2

TABLE K.

Indications for operations in 1,631 cases discharged, cured or improved.

Ear conditions	{	Otitis media	...	...	...	97
		Tubal catarrh	...	...	...	54
		Earache and obstructive deafness	...	...	...	182
Nasal conditions.	{	Frequent colds	...	...	...	197
		Enlarged turbinates	...	...	...	185
		Ethmoidal catarrh	...	...	...	63
		Associated deviated nasal septum	...	...	...	158
		Epistaxis	...	...	...	13
Frequent sore throats and tonsillitis		...	...	...	...	333
Chest conditions	...	...	...	...	...	190
Enlarged cervical glands	...	...	...	...	...	98
Pyrexia of unknown origin	...	...	...	...	...	5
Laryngeal conditions	...	...	...	...	...	9
Enlarged thyroid	...	...	...	...	...	6
Rheumatic affections	...	...	...	...	...	57
Chorea and cardiac conditions	...	...	...	...	...	4
Defective speech	...	...	...	...	...	38
Eye conditions	...	...	...	...	...	46
Reflex conditions	...	...	...	...	...	59
Systemic and general conditions	...	...	...	...	...	143
Mental conditions	...	...	...	...	...	23

418 cases who had operation in 1931 are still under observation.
114 cases seen refused operation or had operation done elsewhere.

(d) **Tuberculosis.** In the course of School Medical Inspection, cases of tuberculosis or suspected tuberculosis amongst children are referred to the Tuberculosis Department, where the necessary treatment is carried out.

PULMONARY				1931	1930
Definite	...	...	...	24	28
Suspected	...	...	...	73	70

NON-PULMONARY.					1931	1930
Glands	...	...	...	...	63	68
Spine	...	...	...	...	5	5
Hip	...	...	...	...	3	5
Other Bones and Joints	...	...	...	...	12	13
Skin	...	...	...	...	3	2
Other forms	...	...	...	...	22	33

The following Table shows the notification of school children aged 5 to 15 for the past twelve years :—

TABLE L.

Year.	PULMONARY.		NON-PULMONARY.		Total Notifications Ages 5—15
	M.	F.	M.	F.	
1920	106	122	78	69	375
1921	60	61	62	45	228
1922	43	56	54	32	185
1923	64	62	55	41	222
1924	65	58	82	63	268
1925	71	82	64	31	248
1926	63	43	78	52	236
1927	37	33	77	53	200
1928	33	39	59	62	193
1929	27	32	61	48	168
1930	23	22	54	52	151
1931	24	25	55	42	146

School children requiring institutional treatment for Pulmonary Tuberculosis are accommodated at the County Council's Sanatorium at Walton, where 20 beds are available for children. Cases of surgical tuberculosis are accommodated at the County Council's Orthopaedic Hospital, Bretby, where there are 55 beds allotted for children under 16 years of age suffering from non-pulmonary tuberculosis.

The number of tuberculous children receiving treatment in the County Sanatorium during the year is shown in the following Tables :—

	Males.		Females.		Total.	
Children in Sanatorium, 1st January, 1931	2		8		10	
Admissions during 1931 :—						
Definitely tuberculous cases	19		20		39	
Observation cases	1	20	2	22	3	42
	22		30		52	
Discharged during 1931 :—						
Definitely tuberculous cases	12		16		28	
Observation cases	1	13	5	21	6	34
Children in Sanatorium, 31st December, 1931...	9		9		18	

Condition of patients on discharge :—

Definitely tuberculous cases.

	PULMONARY.				Abdom- inal.	Other Organs.
	Class T.B. Minus.	Group +I.	Group +II.	Group +III.		
Quiescent	13	—	—	—	—	—
Not Quiescent	9	2	2	—	—	—
Died in the Institution	1	—	1	—	—	—
Total	23	2	3	—	—	—

Observation Cases :—

Definitely Tuberculous	...	...	1
Non Tuberculous	...	...	5
Doubtfully Tuberculous	...	...	—

(e) **Skin Diseases.** *Ringworm of the Body.* Assistant School Medical Officers, at Routine Medical Inspection, found 20 children suffering from ringworm of the body, while 20 children were diagnosed elsewhere, making a total of 40, as compared with 52 last year. Of these, 38 were treated at the School Clinics and two received treatment elsewhere.

Ringworm of the Scalp. During the year, 32 cases of ringworm of the scalp were found at Routine Medical Inspection and 55 otherwise, making a total of 87 children discovered to be suffering from this disease, 84 of whom were treated under the Authority's scheme.

The Education Committee has two centres of its own for X-ray treatment of ringworm, one being at the County Offices, Derby, and the other at the County Council Clinic at Chesterfield. The work done at these clinics during the year is as follows :—

DERBY.	Total number of cases	...	...	13
	Number of ringworm cases treated satisfactorily by X-rays	...	...	11
	Number treated by other means as scalp was not in fit condition for X-ray treatment	...	...	2
CHESTERFIELD.	Total number of cases	...	...	23
	Number treated by X-rays	...	...	18
	Consultations only	...	...	3

Scabies. 53 cases of scabies were discovered during the year at school medical inspection, 33 of whom were treated under the Authority's scheme.

Impetigo. During the year, 238 cases of Impetigo were found at School Medical Inspection, 583 being discovered otherwise, making a total of 821, of whom 804 were treated under the Authority's scheme, and 17 received their treatment elsewhere.

Other Skin Diseases. 192 cases were found at medical inspection to require treatment, 143 of whom were treated under the Authority's scheme.

(f) **External Eye Disease.** 278 cases of external eye diseases were discovered during the course of medical inspection. Of these, 157 were found to be suffering from blepharitis; 237 cases were referred for treatment. 278 cases were treated under the Authority's scheme and 95 otherwise.

(g) **Vision.** In the course of routine medical inspection, 2,868 children were found to be suffering from defective vision, excluding squint, 2,026 of whom required treatment. 2,151 cases from all sources were referred to the Ophthalmic Surgeon for defective vision, including squint, 1,955 of these being treated under the Authority's scheme.

The statistical details of the work of the Ophthalmic Department are given in Tables "M" and "N"; other statistics are given in Tables III. and IV. at the end of this report.

Dr. Carr reports on the school Ophthalmic Services of the County as follows:—

"In surveying the School Ophthalmic Service in this County, it may perhaps be of some value and interest to consider the ideals to be aimed at in such a service, to review the objects as originally conceived when the Service was inaugurated, to trace the steps in its development, and finally to estimate what it has achieved during its growth and in what respects it has failed.

The primary objects of a School Ophthalmic Service must be the preservation of sight, that is to say, preventive; and the amelioration of defective vision already existent, that is to say, curative. The correction of refractive errors constitutes a preponderating proportion of the work of the ophthalmic surgeon, but it is by no means the most important. A correctly prescribed pair of glasses will improve a patient's vision, or enable him to use his eyes with greater comfort, and very often will do both, and may even have a remarkable effect upon his health and ability to profit by instruction, and thereby on the whole of his future career. But by treating a corneal ulcer and getting it to heal before it has done irreparable damage, or by operating on a cataractous eye, the oculist has the satisfaction of preventing blindness in the first instance and of curing it in the second.

When, some twenty years ago, I came to initiate a system of Ophthalmic Clinics under the direction of the late Dr. Barwise, it seemed to us that the development of such a scheme would fall

naturally into three stages. Firstly, as a basis, there would have to be a number of refraction clinics conveniently situated throughout the County. This was a prime necessity, as the Hospitals could not possibly cope with the large number of cases requiring examination, and in fact many institutions were already refusing to deal with them. The next step would consist in the provision of a small number of major clinics, where more highly specialised work could be carried out, such as the treatment of inflammatory conditions, the supervision of orthoptic exercises for squint, and so forth. It was thought that centres at Derby, Chesterfield, and Chinley would suffice to meet the needs of this purpose. There was already a suitable Clinic at Derby and during the War the new buildings at Chesterfield and Chinley afforded an opportunity of establishing more elaborate centres. The plan worked well at Derby and Chesterfield where sessions were held weekly: these places were run on the lines of a Hospital Out-patient Department. It was not very successful at Chinley however. Not only were the intervals between the oculist's visits too long for treatment to be effectively supervised, but the situation was not a convenient one for serving a large area, as was the case in the other two places, and cases of serious ocular disease found it more practicable to obtain attention at the Hospitals in Manchester or Sheffield. The third stage would have consisted in the provision of small annexes, with a few beds, where operations could be performed, and urgent cases be retained for observation and treatment. Such an "In-patient" department would be the logical corollary of the second or "Out-patient" stage, but it was destined to be never any more than a vision, owing to difficulties in accommodation and staffing—in other words, expense.

At the present time it might appear that there has been a retrogression, as the out-patient development has been largely given up, but this would hardly be a fair way of regarding the situation. In actual fact, the school children of these days receive more prompt and efficient attention than formerly owing to the increasing co-operation between the Clinics and the Hospitals. It has been implied in a preceding paragraph that a case of disease requiring out-patient treatment may become more suitable for in-patient treatment, and the transference from Clinic to Hospital is disadvantageous owing to discontinuity of treatment and the change from one surgeon to another. What is now being done, therefore, is for cases requiring continued treatment to be referred to Hospital in the first instance. In mid and south Derbyshire this is particularly easy, as I can arrange for such patients to attend my department at the Derby Children's Hospital, or, if necessary, have them admitted straight away. Less urgent cases (*e.g.*, requiring operation for squint, cataract, etc.) I can keep under observation from their first appearance at a Clinic up to the time of their admission to Hospital, which is, I think, an advantage to the patient and myself. Harrison Butler, in a recent paper on School Clinics, stressed the advantages accruing when the School surgeon is also a Hospital surgeon, and these have certainly impressed themselves upon me since I have been on the Staff of the Children's Hospital.

Although my work there is in theory quite distinct from my Clinic work, there is in practice a very close connection between the two, and a large proportion of my patients consists of children who have first seen me at a Clinic.

Before concluding this short review of the School ophthalmic service, I would like to add a rider. Several years ago I wrote that the problem of the squinting child was one of the most difficult that the ophthalmic surgeon had to face. This is especially so when one is dealing with large numbers of children distributed over an extensive County area. To discuss the whole squint question would require a volume, but it may be stated that the treatment of squint is by no means simple. Generally speaking, it comprises—

- (i.) Correction of refractive errors ;
- (ii.) Orthoptic exercises ;
- (iii.) Operation in certain cases.

Correction of refraction and simple exercises can be, and are, carried out at Hospitals and Clinics. Operation is, of course, a Hospital procedure. It is in the provision of the more advanced orthoptic exercises that failure is general at Clinics, at Hospitals, and in private practice. And yet a fundamental in the real cure of squint is the training of the latent fusion faculty. Unfortunately, this training involves the use of special and costly apparatus, and the engagement of experienced assistants, who must devote a considerable time at frequent intervals over each individual case. It must be admitted that the establishment of special Squint Training Centres to cope with even a fraction of our cases, which is the only true solution of the problem, is out of the question in present conditions.

Finally, I would like to mention one important class of defectives whose claims for special consideration are insistent, and for whom little is being done. I refer to the "Partially-sighted." The blind child as a rule does obtain admission to a Blind Institution, though often after delay and difficulty ; but for the partially-sighted no special provision is made. The Blind Schools very rightly cannot receive them ; the ordinary school is designed for normal-sighted, and the curriculum cannot be sufficiently elastic to meet the needs of these very special cases. Thus they are unable to obtain the education which is particularly necessary for them and from which they could profit to the full if presented to them by suitable means. This is one of the problems that call for attention when circumstances permit of an expansion of our educational system.

The cases seen during the past year are here shown under the usual headings of the conditions found at examination :—

TABLE M.

No abnormality	...	...	...	...	...	128
Hypermetropia and hypermetropic astigmatism	...	...	...	...	...	1255
Myopia, myopic astigmatism and mixed astigmatism	...	...	...	...	...	634
Disturbances of muscle balance :—						
Squint, convergent	...	...	...	...	...	383
„ divergent	...	...	...	...	...	25
Other disturbances of balance	...	...	...	...	...	13
Affections of the lids :—						
Blepharitis	...	...	...	...	...	45
Other affections of the lids	...	...	...	...	...	26
Affections of the Conjunctiva	...	...	...	...	...	32
Affections of the Cornea—Corneal Ulcers						
Keratitis	...	...	...	...	...	12
Corneal Opacities	...	...	...	...	...	11
Other affections of the Cornea	...	...	...	...	...	45
„ „ Lachrymal apparatus	...	...	...	...	...	9
„ „ Iris	...	...	...	...	...	10
„ „ Lens	...	...	...	...	...	11
„ „ Fundus oculi	...	...	...	...	...	20
Other affections of the eye	...	...	...	...	...	24
Affections of the central nervous system	...	...	...	...	...	41
Symptoms due to non-ocular disease	...	...	...	...	...	31
Examinations incomplete	...	...	...	...	...	27
	...	...	...	...	...	26
	...	...	...	...	...	28

The figures relating to the several Clinics are as follows :—

TABLE N.

CLINIC.	NEW CASES.		OLD CASES.		Total.
	Re-fraction.	Treat-ment.	Re-fraction.	Treat-ment.	
Mr. T. E. A. CARR.					
Alfreton	225	4	74	—	303
Belper	109	2	17	—	128
Chinley	177	—	32	—	209
Chesterfield	462	11	133	10	616
Derby	355	23	169	19	566
Heanor	167	2	33	4	206
Long Eaton	127	3	20	—	150
Matlock	127	4	13	1	145
Swadlincote					
and Bretby	135	15	31	20	201
Wirksworth	14	1	—	—	15
	1898	65	522	54	2539
Dr. E. W. MORRIS.					
Bolsover	34	2	37	2	75
Clowne	45	1	60	2	108
Dronfield	53	4	48	4	109
Eckington	45	4	51	6	106
Killamarsh	31	5	36	11	83
Shirebrook	64	4	91	38	197
	272	20	323	63	678

GRAND TOTAL 3217

(h) **Ear Diseases.** During the course of medical inspection, 253 children were found to be suffering from discharging ears, 237 defective hearing, 134 other ear diseases. Further statistical details of the Ear, Nose and Throat Department have been tabulated under the heading of Tonsils and Adenoids.

(i) **Dental Defects.** Of the 47,960 children inspected by the Dental Staff, 41,744 required treatment. 18,552 were actually treated, and 7,066 re-treated.

The statistical returns to the Board of Education shew a further increase in the Dental work for 1931. The following summary of work done during the preceding six years shews the extent of this increase and also the expansion of preventive dentistry which has taken place during that period.

TABLE O.

	<i>Actually treated.</i>	<i>Attendances.</i>	<i>Teeth Extracted.</i>	<i>Teeth Filled.</i>	<i>Other Operations.</i>
1926	8,873	8,898	18,480	5,222	4,931
1927	9,766	11,561	16,582	11,149	7,240
1928	11,583	16,845	25,010	16,339	7,878
1929	13,754	18,477	30,222	15,817	9,091
1930	24,096	28,644	41,412	28,369	16,975
1931	25,618	30,390	43,840	35,928	24,559

The following is a precis of the report of the Senior Dental Officer :

The progress made in this County is largely due to the increasing interest taken by parents in conservative dentistry, for success depends upon the co-operation of an interested and understanding public. As a result of modern conservative dentistry, I think it can be claimed that many hundreds of children now go through their school life without suffering from toothache.

Interesting reports have been received from Assistant Dental Officers, but, in view of the need for economy, it is impossible to reprint them in this report. From them, however, certain matters of interest are revealed ; for instance, in one area, statistics were obtained which show a direct relation between the percentage of cases requiring a general anæsthetic for Dental treatment and the percentage of consents for conservative Dental work to be carried out. As an example, in one instance where the number of parents consenting to treatment at the time of the recommendation was low and the attendances at the Clinic were poor, no less than 32% of the children who finally came for treatment required a general anæsthetic, whilst in another area, where the parents and teachers were anxious for conservative Dental treatment, the cases requiring a general anæsthetic to enable adequate treatment to be carried out was only 8%.

One Dental Officer has remarked that parents in many instances appear to take more interest in their children's teeth below the

age of five than after that age, and appear more willing to consent for treatment to be carried out in infants than in older children.

In one area the Assistant Dental Officer points out the interference with the routine carrying out of conservative Dental work by what she speaks of as "casual patients," that is, those who are sent to the Clinie by the teacher or parent without an appointment, because at the moment they are suffering from toothache, and stresses the point that a very large percentage of these "casual" cases have refused conservative dental treatment recommended at a routine Dental inspection. Where the Staff is doing its utmost to cope with work for those who are anxious to accept dental treatment and who do, in fact, accept it at the time when conservative treatment is indicated, it is questionable how far the casual patient should be allowed to interfere with more important routine conservative work—for, though one admits the emergency in the case of actual toothache, one is also bound to admit that, had the advice given been followed, there would have been no emergency at all. The disorganisation of routine work is illustrated by an occasion at a Clinie where notifications to attend had been sent out in sufficient number to provide the dentist with a full morning's work, but as many as 20 "casual" cases attended during the session.

In one area of the County, which has had from the commencement of the County Dental scheme a fully-equipped Clinie and where inspection and re-inspection has been systematically carried out for a number of years, it was necessary to remove only 332 teeth of the permanent dentition, from a total of 2,485 children examined. Of these 332, only 231 were extracted on account of dental decay; the remaining 101 were removed chiefly for orthodontic purposes. The records for the children from whom the 231 teeth were extracted shew that in every case they had been recommended conservative treatment at an earlier period and had refused it.

During 1931 the County Medical Officer inaugurated a scheme of co-operation between the dental and aural departments to effect that no child underwent an operation of tonsillectomy without first being made dentally fit.

From a large number of children referred by Assistant School Medical Officers for dental treatment prior to tonsillectomy or prior to a period of observation for enlarged tonsils, it was found that a great majority had refused dental treatment in the past, in fact, out of 540 such cases referred to the Dental Department, 444 had previously refused dental treatment or were school entrants.

(j) **Crippling Defects.** The Orthopædic Scheme consisting of the Central Orthopædic Hospital at Bretby and clinics functioning as out-patient departments in various parts of the County continue to work satisfactorily on the lines indicated in last year's report. The Orthopædic Clinics at Bakewell and Belper have been dis-

continued, and in place of them a Clinic has been instituted at Matlock.

TABLE P.

			School Age.				Total.	Under Sch. Age.		Total.	Grand Total.
			Boys.		Girls.			Boys.	Girls.		
1931			Attending Clinic or County Inst.	Attending other Institutions	Attending Clinic or County Inst.	Attending other Institutions					
<i>Tuberculosis—</i>											
Abdominal Glands			5	—	3	—	8	1	—	1	9
Spine ...			10	—	14	—	24	—	1	1	25
Hip ...			20	—	8	—	28	—	—	—	28
Knee ...			15	—	8	—	23	3	—	3	26
Foot ...			6	—	1	—	7	—	—	—	7
Elbow ...			1	—	1	—	2	—	—	—	2
Hand ...			—	—	2	—	2	—	1	1	3
<i>Paralyses—</i>											
Poliomyelitis ...			50	—	55	1	106	6	6	12	118
Spastic ...			28	—	21	1	50	2	1	3	53
Pseudo-Hypertrophic ...			1	—	—	—	1	—	—	—	1
<i>Rickets—</i>											
Scoliosis ...			30	—	63	—	93	—	—	—	93
Kyphosis ...			2	—	4	—	6	1	—	1	7
Torticollis ...			6	—	9	—	15	1	2	3	18
Bow legs, etc. ...			35	—	30	—	65	50	36	86	151
Congenital Defects			37	—	27	1	65	18	25	43	108
Injuries ...			10	—	10	—	20	1	1	2	22
Others ...			65	—	66	—	131	20	17	37	168

TABLE Q.

NUMBER OF CHILDREN OF SCHOOL AGE (5—16) IN
HOSPITAL DURING THE YEAR 1931.

	NON. T. B. CASES.	NON. PULM. T. B. CASES.
Children in Hospital on Jan. 1st, 1931	43	58
Admitted during 1931 ...	81	32
Discharged during 1931 ...	84	35
Children in Hospital on Dec., 1931...	40	55

A full and interesting report has been prepared by Dr. Pierce dealing with Faulty Posture in School Children. It has not been possible to reprint the whole of it, but the following extracts demonstrate some interesting features of the study of this condition.

After emphasising the preventive value of school medical inspection in the recognition of the deviations from the normal in their early and tractable stages, Dr. Pierce goes on to say :—

The early deviations from the normal usually remain undetected for three reasons :

- “ (a) Pain not being a factor, the attention of the patient is not focused on the affected part.
- (b) Medical examination does not always pay sufficient attention to correct posture.
- (c) The inherent unwillingness of parents to admit the existence of any but the grossest of physical defects in their children.”

“ The general causes of habitual faulty posture may be summarised as follows :—Lack of muscular power due to constitutional weaknesses, lack of will power (laziness), too rapid growth, poor nutrition, the wearing of too heavy clothing, bad ventilation at home or in school, and unsuitable school furniture.”

“ In the examination of 418 consecutive children over 12 years of age, 79 cases (or 18·9%) of scoliosis were found (scoliosis or lateral curvature of the spine is a deviation of the vertebrae from the mid line).

“ Medical advice as a rule is not sought in this condition until the child is older (girls about 16 years of age and boys 18 years of age), and by this time the deformity is more firmly established and more difficult to correct.”

“ Occupation naturally plays a small role in childhood, but the two following cases are of interest :—

Case 1. E.M., aged 12 when first seen; sturdy type of boy. Errand boy carrying milk.

Defect : Lateral deviation of dorsal vertebrae from mid line $1\frac{1}{2}$ inches towards the left; right shoulder dropped two inches. He admitted always carrying milk with right hand. He was taught simple corrective exercises and persuaded to use the left hand for weight carrying as much as possible. The first six months saw considerable improvement, and at the end of two years his spine was absolutely straight when I viewed from behind. The boy and his parents took an interest in the cure.

Case 2. J. G., aged 12 when first seen. Worked on his father's farm. Tall, well-nourished boy.

Defect: Lateral deviation of vertebrae in mid dorsal region $2\frac{1}{2}$ inches. Right shoulder dropped $4\frac{1}{2}$ inches. Referred to Orthopædic Clinic, where he was taught remedial exercises. After six months, the spine was straighter and right shoulder then $2\frac{1}{2}$ inches lower than left shoulder. Twelve months after first examination, condition had retrogressed, spinal deviation being 2 inches from mid line and the right shoulder dropped 3 inches. In this case the boy and his parents were apathetic towards treatment."

" In the treatment of postural deformities, co-operation between the patient, parent, school teacher and Orthopædic Surgeon is essential, parental support being particularly desirable as success necessarily depends greatly upon home conditions.

Treatment comprises, amongst other things, the following:—

- (a) Correction of defects of vision and hearing.
- (b) Attention to throat and dental conditions.
- (c) Proper nutrition to improve general health.
- (d) Adequate rest.
- (e) Remedial exercises suited to each deformity.
- (f) Attention to the patient's sitting and standing posture in school.
- (g) The provision of orthopædic appliances where necessary.

Although some of the results of faulty posture have been particularly mentioned, it should be remembered that no part of the body can be wrongly used without adversely affecting the whole. Therefore, in considering posture, attention should be given to the body as a whole, not to any particular part, such as the back, chest, or foot.

Dr. Pierce concludes by pointing out the insidious onset of postural deformities, the ease with which most of them can be rectified by treatment in the early stages, and the difficulties of treatment if postponed till deformity has become marked.

BRETBY HALL ORTHOPÆDIC HOSPITAL SCHOOL.

Bretby is an approved Special School under Part V. of the Education Act, 1921. The approval of the Board of Education dates from November 19th, 1928, when it was permitted to accommodate 40 children of school age for the purpose of giving active hospital treatment whilst their education received attention at the same time. There is a head teacher and 2 assistant teachers to attend to the educational side of the work of the special school

where instruction is limited to children between the ages of 5 and 16 years. There are two sessions daily, the morning session beginning at 9.30 and ending at 11.30; the afternoon session being from 1.30 to 3.30 p.m. Registers of admissions and attendances are kept. The Timetables, as approved by the Board of Education, and details of the work were set out fully in my Annual Report of last year.

Number of children on Admission Register on January 1st, 1931	...	...	...	...	...	...	95
Number of children on Admission Register on December 31st, 1931	...	...	...	...	...	...	95
Number of children who have passed through the School during 1931	...	...	...	...	...	...	221
Average number of scholars on Admission Register during 1931	...	...	...	...	...	...	95.4
Number of times School was opened during the School year Jan. 1st, 1931—Dec. 31st, 1931	...	...	...	...	...	...	454

REPORT OF HEAD TEACHER ON SCHOOL WORK CARRIED OUT DURING 1931.

Constant changes are inevitable in the planning and organisation of the work of teaching, which is carried on side by side with the medical treatment for which the children enter the hospital.

The duration of a patient's stay is uncertain, and the standard of work of new scholars varies according to the time the children have been out of school, and thus age is no criterion.

A pupil teacher was appointed in November. Two teachers now work in the Hall and two in the Pavilion Block.

The teaching staff is responsible for a branch of the County Library which caters for both staff and patients, whose appreciation is proved by a constant demand for more books.

The School was represented at the recent Exhibition 'of Cripples' Handicrafts, held at Nottingham in November, where our exhibits included work of all kinds and grades. An opportunity was given to compare our work with that of other Hospital Schools.

SCHOOL CLINICS.

Full particulars of all the School Clinics were given in my Annual Report for last year. The following alterations have been made during 1931 :—

(1) **Minor Ailment Clinics.**

An additional Minor Ailment Clinic has been opened at Staveley Middlecroft School, on Wednesdays, at 2 p.m.

(2) Ear, Nose and Throat Clinic.

Chesterfield Clinic is used for operations on the first as well as the second, third, and fourth Tuesdays each month. At Chinley, the Clinic is opened on the second Wednesday in each month for operations instead of the first Tuesday, and Derby Clinic has been discontinued on the second Wednesday in the month.

(3) Dental Clinics.

The Dental Clinic at Bakewell Liberal Club has been discontinued. An extra Clinic at Matlock, held on the fourth Monday in each month, has taken its place.

(4) Orthopædic Clinic.

As already indicated, the Bakewell and Belper Clinics have been replaced by an Orthopædic Clinic at Matlock.

ULTRA VIOLET LIGHT CLINIC.

In the Central Office there is a small Ultra Violet Light Clinic which has been used for some years for the treatment of children suffering from some temporary disability likely to be improved by heliotherapy. This clinic is only occasionally used during the winter months, and is closed during the summer. During the year, 10 children were treated, 4 suffering from enlarged glands in the neck, 3 from malnutrition, and 3 from discharging ears.

VACCINATION.

In view of the continued presence of Smallpox during the year, I again give the following Table shewing the vaccinal conditions of the children examined at medical inspection. This again shows an enormous and increasing percentage of unvaccinated school children in the County:—

TABLE R.

Division and District.	Number Examined.	Number Vaccinated	Unvaccinated.	
			Number	Percentage
NORTH-EAST DERBYSHIRE.				
Chesterfield Rural	7,515	1,328	6,187	82.3
Blackwell Rural	3,350	632	2,718	81.1
Clowne Rural	1,585	464	1,121	70.7
Norton Rural	269	137	132	49.0
Bolsover Urban... ..	1,451	259	1,192	82.1
Brampton & Walton Urban	135	28	107	79.2
Clay Cross Urban	738	96	642	86.9
Dronfield Urban	324	45	279	86.1
Alfreton Urban	1,935	329	1,606	82.9
Heanor Urban	1,239	327	912	73.6
Ripley Urban	791	87	704	89.0
Total	19,332	3,732	15,600	80.6
WEST DERBYSHIRE.				
Bakewell Rural	2,438	354	2,084	85.4
Bakewell Urban	123	51	72	58.5
Baslow Urban	76	15	61	80.2
Bonsall Urban	82	10	72	87.8
Matlocks Urban	1,043	76	967	92.7
North Darley Urban	453	45	408	90.0
South Darley Urban	42	8	34	80.9
Ashbourne Rural	850	362	488	57.4
Ashbourne Urban	191	108	83	43.4
Chapel-en-le-Frith Rural	1,664	362	1,302	78.2
Repton Rural	1,454	518	936	64.3
Sudbury Rural	244	140	104	42.6
Total	8,660	2,049	6,611	76.3
SOUTH-EAST DERBYSHIRE.				
Basford Rural	62	11	51	82.2
Belper Rural	2,017	300	1,717	85.1
Belper Urban	847	82	765	90.3
Heage Urban	389	46	343	88.1
Wirksworth Urban	152	22	130	85.5
Shardlow Rural	1,977	382	1,595	80.6
Long Eaton Urban	1,283	166	1,117	87.0
Alvaston & Boulton Urban	252	37	215	85.3
Total	6,979	1,046	5,933	85.0
NORTH-WEST DERBYSHIRE.				
Hayfield Rural	347	44	303	87.3
Glossop Rural	189	38	151	79.8
New Mills Urban	443	136	307	69.3
Total	979	218	761	77.7
SOUTH DERBYSHIRE.				
Hartshorn & Scals Rural	715	145	570	79.7
Swadlincote Urban	2,192	280	1,912	87.2
Total	2,907	425	2,482	85.3
THE WHOLE COUNTY	38,857	7,470	31,387	80.7

INFECTIOUS DISEASES.

The arrangements for the detection and prevention of infectious disease continued to work satisfactorily. The present system of notification by the Head teacher to the Medical Officer of Health of the district and to the Central Office serves three purposes :—

1. Early knowledge of an outbreak of infectious disease in a School enables the Assistant School Medical Officer to investigate the epidemic and take steps to control it.
2. Information is obtained on which it is possible to certify that low attendance at the school is due to the prevalence of infectious disease, thus exempting that period of low attendance from the calculation in which the grant by the Board of Education is based.
3. When the question of school closure arises, it is possible to decide whether the school is the source of infection or whether the cause of the outbreak is to be found elsewhere, and whether school closure is likely to accomplish any check in the progress of the epidemic.

In the absence of accurate and prompt notification of infectious disease from the schools these three purposes cannot be fulfilled.

During the year many investigations into outbreaks of infectious disease were carried out by Assistant School Medical Officers. The following table shows the number of children examined by them in this connection :—

Chicken Pox	...	...	...	109
Diphtheria	...	...	...	861
Measles	...	...	...	814
Mumps	...	...	...	410
Scarlet Fever	...	...	...	216
Whooping Cough...	...	...	...	28
Total ...				2,438

SCHOOL CLOSURE.

The number of schools closed by the School Medical Officer and by the Local Sanitary Authority on account of infectious disease is shown in Table S.

So many requests for school closure were received during the year that it is considered advisable to quote again the principles laid down jointly by the Ministry of Health and the Board of Education.

“ It may be safely laid down as a general principle that if *the power to exclude individual children be used to the best advantage, it is only in special and quite exceptional cases that it will be necessary to close a school in the interests of public health.* School closure

may generally be regarded as an indication either of failure to make proper use of the more discriminating and scientific method of excluding individual children, or of inadequate co-operation between the Public Health and the School Authorities. It interferes seriously and unjustifiably, with the education of the scholars, and it deprives the Medical Officer of Health and the School Medical Officer of information respecting attacks in their early stage or illness of a doubtful nature which would be obtainable if the schools were kept open."

Judged by this sound standard it is rarely found that an outbreak of infectious disease warrants the closure of a school.

TABLE S.
SCHOOL CLOSURE.

Year	No. of Schools or Departments closed.	No. Closed by School Med. Officer.	No. Closed by Sanitary Authority.	REASON FOR CLOSURE.						Mumps.	Other Causes.
				Influenza.	Measles.	Whooping Cough.	Chicken Pox.	Scarlet Fever.	Diphtheria.		
1920	60	24	36	1	44	1	—	3	10	—	1
1921	59	19	40	39	2	7	—	4	6	1	—
1922	44	27	17	11	22	5	1	2	—	—	3
1923	42	23	19	2	21	6	1	5	—	2	5
1924	32	14	18	3	17	2	1	2	1	1	5
1925	52	10	42	11	33	6	—	—	1	1	—
1926	14	1	13	—	8	3	—	2	1	—	—
1927	128	16	112	100	14	2	1	1	1	2	7
1928	19	3	16	—	15	1	—	2	1	—	—
1929	14	2	12	7	1	1	—	3	1	—	1
1930	22	2	20	2	11	1	1	5	—	—	2
1931	22	1	21	5	6	4	1	—	5	—	1

TABLE U.

PERMANENT EXCLUSIONS.

<i>Eye Diseases.</i>							1931.
High Myopia	...	...	...	...	...	...	1
<i>Nervous and Mental Diseases.</i>							
Chorea	...	...	...	...	...	...	1
Epilepsy	...	...	...	...	...	...	5
Imbecility	...	...	...	...	...	...	1
<i>Other Diseases</i>							
Bronchiectasis	...	...	...	...	...	...	1
Mitral Stenosis...	...	...	...	...	...	...	1
Tuberculosis of Lungs	...	...	...	...	...	...	1
Total							11

OTHER WORK BY THE ASSISTANT SCHOOL MEDICAL OFFICERS.

Special Visits to Schools. It has been found necessary from time to time to ask the Assistant School Medical Officers to visit schools to make investigations quite apart from the usual routine medical inspections and investigations into infectious diseases. The following Table shows the reasons for which such special investigations were made and the number of children examined :—

Malnutrition	...	...	397
Mental Tests	...	...	40
Special defects	...	...	13
Camping party examined			40
			490

Other Visits and Inspections. During the year the following inspections and visits were made by the Assistant School Medical Officers in addition to their work in the schools and clinics :—

Home visits to Defective Children	...	...	615
Blind Persons Examined	...	...	115
Mental Defective Examined (M.D. Act)	...	...	43
Child Guidance Examinations	...	...	43
Examinations under Superannuation Scheme	...	...	105
Workman's Compensation Examinations	...	...	4
Miscellaneous	...	...	18
			943

MEDICAL EXAMINATION OF PUPIL TEACHER CANDIDATES.

There were 179 intending pupil teachers examined during 1931, 68 boys and 111 girls, with the following results :—

	Boys.	Girls.	Total.
Number accepted	66	101	167
Number deferred for the remedy of various defects	2	10	12
	68	111	179
	—	—	—

FOLLOWING UP.

The method of following up children found to be defective at routine medical inspection was fully described in my Annual Report last year. The change inaugurated in 1930 has developed into a very satisfactory system. Every defective child is followed up by a Health Visitor, and, if necessary, by an Assistant School Medical Officer. The number of home visits to School Children by Health Visitors amounted to 15,598 during the year.

The names of children not excluded from school for any reason yet absent for long periods are sent to the Attendance Officers, who are asked to arrange to have these children brought before the Assistant School Medical Officers for medical examination, following which the school nurse pays a special visit to the house of the child. If this is unavailing, or if for any other reason it is desirable, the Assistant School Medical Officer visits the home.

OPEN-AIR SCHOOLS.

Day Open-Air Schools. The type of school at present being built in Derbyshire, of which there are already 14 in existence, is constructed on open-air principles. A detailed report on the construction of these schools was included in my Report for 1929.

Playground Classes, etc. No comprehensive arrangements have been made for playground classes, school journeys, or open-air classes in Elementary Schools. Classes are, however, held outside in a good number of schools when the weather is suitable, but arrangements for these are in the hands of Head Teachers.

Further details on open-air recreation and camping are given by Mr. Hobson, the Organiser of Physical Training, in his report on pages 37-41.

PROVISION OF MEALS.

No meals were provided during 1931.

PHYSICAL TRAINING.

The report of Mr. Hobson, Organiser of Physical Training for the year 1931, is as follows :—

Frequent reference has been made in previous reports to the difficulty experienced in securing effective exercise indoors during long periods of inclement weather.

A solution of this difficulty in the elementary schools has yet to be found, but some progress towards a solution has been made in those schools which are furnished with flat-topped dual desks and chairs. Series of lateral, abdominal and dorsal exercises, which may be performed with the desks and chairs as supporting apparatus, have been demonstrated during normal visits of inspection. Stronger effects upon the trunk may be obtained by these exercises than by the free standing exercises taken in the playground, and, when they are supplemented by suitable arm and leg exercises, a more satisfactory indoor physical training lesson results. The recreational element can be secured by the inclusion of a few well-chosen "breaks" and simple ball practices.

Physical Exercises.

(a) Formal Exercises. The majority of teachers deal quite successfully with this section of the lesson. A bright, energetic introduction is generally followed by crisp, vigorous exercise. The starting, intermediate, and final positions of the exercises show that sound teaching has been given, and the selection of "breaks" and rhythmical movements is improving.

A speeding up of this section, however, may still be looked for, and further stimulation to maximum effort is possible.

(b) General Activities. Most of the teachers are now taking several group activities simultaneously, and in some cases the group leaders are receiving, in advance, a list of the activities to be taken by their respective groups. Leaders are thus given the opportunity of preparing the necessary apparatus, of planning team arrangements, and of giving instructions for the marking of pitches.

The choice of activities for group work leaves much to be desired, but the Organisers are emphasising the necessity for including in this section of the work progressive practices and minor games which definitely lead up to the major games.

Such practices and minor games should teach progressively the habit of keeping the eye on the ball, the ability (1) to make a good pass, (2) to make a good catch, (3) to feint and "bluff" an opponent, (4) to place oneself in an "unmarked" position in readiness to receive a pass, (5) to "mark" an opponent, and (6) to recognise the "unmarked" colleague and to get the ball to him without "giving notice" to the opponents. With such training, and with practices to develop the peculiar skill required for each specific major game, the standard of play could be raised considerably.

Playgrounds. A steady increase has been noted in the number of voluntary school playgrounds which have been improved. In most of these, only gravel and chippings have been used to improve the surface, but a few playgrounds have been wholly, or in part, asphalted.

With very few exceptions, the playgrounds of the council schools have good surfaces.

The machine mentioned in the report for last year has been used for the permanent marking of a number of playgrounds, but in some cases only net-ball or tennis courts have been marked. In order to secure the marking of the playgrounds for activities which may be taken in the normal physical training lessons, the Organisers, during visits to the schools, are suggesting that plans for permanent markings be prepared and submitted to them for approval. When approved, these plans will be passed to the Committee's Architect, whose department carries out the work.

Organised Games. An increasing number of teachers are devoting the first ten or fifteen minutes of the games lesson to coaching practices for the major games, which occupy the later part of the period. In addition to the games of football, cricket, and net-ball, one now sees teams engaged in Rugby touch, post-ball, scout, stool-ball, rounders, and practices for athletic events.

Miss Hyden reports that "in senior girls' schools the majority of the girls are now able to learn quickly any new game, and after a short time are able to play it with a reasonable amount of skill. Stool-ball has increased in popularity as a senior girls' summer game. Fielding—always a difficulty—has improved considerably."

"It is pleasing to report that in the rural areas, inter-school competitions for girls are being arranged, the girls often playing a Net-ball or Stool-ball match at the same time as the boys are playing a game of football or cricket. Where the number of senior scholars is small, mixed teams play in the inter-school games."

Efforts have been made to ensure that playing fields should be grazed—preferably by sheep—or mown to keep them as suitable as possible for the playing of games.

The marking of pitches has been extended, and the Organisers have assisted head teachers in planning out the fields. Sawdust, whiting and soot are occasionally used for marking, but the more general method is to cut and turn over a "V" of turf.

The following playing fields are at present available for use by the schools :—

Owned by the L.E.A.	...	...	...	...	...	35
Rented by the L.E.A.	...	...	...	...	...	84
Recreation grounds and fields loaned free by farmers and others	...	...	...	...	...	121
No. of Departments using the fields	...	...	...	...	...	329

Dancing. This is a most useful form of physical exercise, and is frequently used as an alternative to the games lesson, especially during bad weather. Miss Hyden states, in relation to dancing: "The good foundation in rhythm laid in the infant schools is enabling the teachers in the senior departments to include a wider choice of dances in their schemes. The laboured style frequently seen a few years ago has almost entirely disappeared."

Swimming. Interest in and enthusiasm for this branch of physical training has been maintained. 17 baths (three more than last year) have been used by 114 departments of schools, an increase of 15 upon last year. The additional baths are situated at Glossop, Marple, and Ringwood, near Staveley. Though these swimming lessons at these baths did not begin till the end of June, the results of the instruction proved to be very satisfactory.

The incidence of cerebro-spinal fever in several areas caused a number of schools to withdraw from the scheme of swimming instruction after only three lessons. 10 schools, attending the Bolsover (2), Creswell (4), and Tibshelf (4) baths, suffered this loss of instruction. The general results for the whole county, however, may be regarded as very gratifying. A total of 1,994 children have been taught to swim; 2,361 swimming proficiency certificates have been earned; 97 endorsements of first-class certificates for distances of a quarter of a mile or more have been granted; and 82 awards of the Royal Life Saving Society have been obtained.

The following tables show how the results of the year 1931 compare with those of previous years:—

NUMBER OF SCHOOLS, PUPILS AND ATTENDANCES.

Year.	<i>No. of Schools using the Baths.</i>	<i>No. of Pupils.</i>			<i>No. of Attendances.</i>		
		<i>Boys.</i>	<i>Girls.</i>	<i>Totals.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Totals.</i>
1927	80	2,906	2,312	5,218	30,193	24,235	54,428
1928	97	2,997	2,613	5,610	32,414	26,730	59,144
1929	95	2,886	2,479	5,365	33,135	27,880	61,015
1930	99	3,370	2,969	6,339	36,939	34,213	71,152
1931	114	3,522	3,060	6,582	41,544	36,626	78,170

CHILDREN WHO LEARNT TO SWIM AND CERTIFICATES GAINED.

		1929.			1930.			1931.		
		<i>Boys.</i>	<i>Girls.</i>	<i>Totals.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Totals.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Totals.</i>
No. of Learners	...	899	797	1,696	1,125	818	1,943	1,084	910	1,994
3rd Class Certificates	...	603	544	1,147	766	570	1,336	731	641	1,372
2nd " "	...	333	259	592	365	320	685	369	284	653
1st " "	...	219	155	374	233	214	447	185	151	336
Endorsements for $\frac{1}{4}$ Mile or more	...	79	79	158	92	91	183	42	55	97
R.L.S.S. Awards	...	36	21	57	29	39	68	53	29	82

Of the children who could not swim at the beginning of the season, the number of learners (1,994) represents a percentage result of 41.8, as compared with 39.8 for last year and 41.2 for the year 1929.

The class teachers who have given some of the instruction, the 13 part-time instructors, and the nine part-time instructresses are to be complimented upon achieving such satisfactory results.

The total cost of the scheme of instruction for the year has been £1,244 13s. 1d., and the average cost of teaching a child to swim 12s. 4.8d. In arriving at this figure, the total cost of the instruction has been divided by the number of learners without taking into account the cost entailed in securing the progress of the swimmers to the certificate standards.

RESULTS REPORTED FROM THREE SECONDARY SCHOOLS.

	<i>No. of Learners.</i>	<i>3rd Class Cert.</i>	<i>2nd Class.</i>	<i>1st Class.</i>	<i>Endorsements.</i>
Boys	85	39	39	21	21

No reports have been received as to the results obtained by the girls.

The members of the local schools' swimming associations have conducted the majority of the tests for the proficiency certificates. The Organiser is very grateful for this service.

Teachers' Classes. Two courses (one each for men and women) in physical training suitable for central schools have been held at Ilkeston. 46 men and 44 women were enrolled. Attendance was poor, due mainly to the prevalence of illness.

Arising out of these courses, gymnastic apparatus, made in the school handicraft centre, has been installed in the hall of the Long Eaton Sawley Road Council School. The apparatus comprises a double-boom with travelling centre upright, six balance benches, one vaulting box in sections, and one set of jumping stands. The total cost of this apparatus has been less than half of that quoted by the manufacturers of gymnastic equipment.

Camps. The Derbyshire Education Committee have offered assistance to 508 needy children to enable them to attend various camps during the year.

Voluntary Associations.

1. The Derbyshire Schools' Camping Association has again done excellent work during the year under review. Camp holidays have been organised for 673 children, of whom 400 were boys and 273 were girls.

The composite camps for boys and girls were again held at Sutton-on-Sea, and the four individual school camps at Lea Hill Farm, near Matlock, Eyam, Lea and Hope.

The activities of the association have been supported by the Education Committees of Derbyshire, Chesterfield, Ilkeston, and Buxton, and by the Ilkeston, Long Eaton, and Matlock Rotary

Clubs. A party of secondary school boys, from the Ernest Bailey School, Matloek, attended the composite boys' camp. This was the first occasion on which a secondary school had taken advantage of the organisation of the association, and the experiment proved highly successful.

2. The English Folk Dance Society (Derbyshire Branch) has continued to provide courses in each of the types of folk dancing, and the usual number of enjoyable parties and festivals has been arranged.

One new centre, with a membership of 40, has been formed in Ilkeston, and the courses held by the centre during the summer and autumn terms have been well supported.

The children's festival, held again in the Ripley Council Schools, attracted 83 teams—602 dancers. The standard of the dancing displayed in the various classes was high, and the adjudicators experienced much difficulty in selecting the winning teams.

As most of the members of the branch are also members of the teaching profession, the benefits gained from the classes organised by the branch are carried into the schools.

3. Derbyshire Elementary Schools' Swimming Association. The County Championship and various local galas have demonstrated that the association is being successful in improving the style of the swimming of its members. Much coaching of scholars has been given after school hours by the members of the association, and, besides the improvement in style, 82 awards of the Royal Life Saving Society have been gained. Members who are examiners of the R.L.S.S. have conducted the examinations for these awards.

4. The Derbyshire Schools' Sports Association has had a very successful first year. County competitions in football, net-ball, and athletic sports have been organised by the respective sections, and a representative football team has played matches with the boys of Nottinghamshire. Owing to lack of funds, the County Schools' Athletic Team had to withdraw from the National Championship Competitions held at Reading in July.

The work performed by these voluntary associations for school children is invaluable and worthy of the highest commendation. The associations also give much help to the Organiser, who wishes to record his appreciation of all the assistance they have given him during the year.

In conclusion, the Organiser wishes to express his thanks to the Education Committee and the Director of Education for their assistance, and to Miss Hyden and the teachers for their co-operation.

CO-OPERATION OF PARENTS.

All parents are invited to be present at Medical Inspections and during the year 14,774 or 38% of parents invited, attended. The attendance of parents at Medical Inspection is encouraged not only on account of the valuable aid which it gives to the School Medical Officer by information received from the parent regarding the child, but because he can give advice as to treatment, etc. direct to the parent, explain his reasons for giving such advice and dispel any doubts which the parent may have. Nothing but good can result from the meetings of School Medical Inspectors and parents, and such meetings have done much to add to the popularity of the service by giving it the necessary personal touch.

CO-OPERATION OF TEACHERS.

The co-operation of the teaching staffs of schools is very much appreciated by myself and the Assistant School Medical Officers. They help us very considerably in preparing for medical inspections, bringing forward special cases and following up cases recommended for treatment.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The closest co-operation continues to exist between School Attendance Officers and the School Medical Department, considerable help being given by the former in bringing cases of prolonged absenteeism due to ill health to the notice of the School Medical Officer. I would again like to thank Mr. Barnes, the chief School Attendance Officer, for the valuable help he has given me and my staff on so many occasions.

CO-OPERATION OF VOLUNTARY BODIES.

We continue to receive very valuable aid from The National Society for the Prevention of Cruelty to Children in bringing forward cases for medical inspection and in seeing that treatment is carried out where the home circumstances are unsatisfactory. The following cases were referred to this Society during the year :—

Children reported to be generally neglected	...	4
Children neglected and requiring medical treatment	... ..	3
Children whose parents refused medical treatment	... ..	1

BLIND, DEAF, DEFECTIVE & EPILEPTIC CHILDREN.

As I have pointed out in previous reports, the lack of institutional accommodation for Mental Defectives and Epileptics in the County is acute. Of 371 feeble-minded children, only 18 are in Certified Schools or other Institutions, and of 120 Epileptic Children, only 2 are in Certified Institutions.

Of 21 totally blind children, 5 are neither at school nor in an institution. Usually this is on account of the parents refusing to allow the children to leave home, at the same time undertaking to see that their education is attended to at home. In some cases, however, there are other defects apart from blindness, and as is usual in the case of combined defects, there is great difficulty in finding suitable accommodation.

With regard to the deaf and dumb children, only 1 out of 27 were at no school or institution.

SECONDARY SCHOOLS.

Inspection of Secondary School children was carried out as in previous years, in the manner described below. The number of children inspected is shown in Table IA, while the results of the Medical Inspection are set out in Table IIA, at the end of this report. The chief defects found are again defective vision, defective teeth, and enlargement of the tonsils. This year the Board of Education require a special report, furnishing information as to the nature and extent of the School Medical Service in connection with Secondary Schools, and set out a list of headings, under which the details are given below.

(1) Medical Inspection.

(a) The following table shows the number of schools in the County, classified as to whether they are provided by the County Council, aided by the County Council, or neither provided nor aided.

(i.) Secondary Schools provided by the County Council:—

<i>School.</i>	<i>Enrolment.</i>		
	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
*Alfreton, Swanwick Hall	173	156	329
*Belper, Herbert Strutt	209	205	414
*Buxton, Cavendish High School for Girls	—	193	193
*Chesterfield Girls' High	16	437	453
*Clay Cross County	127	119	246
*Eckington Secondary	38	59	97
*Heanor County	176	144	320
*Ilkeston County	149	143	292
*Long Eaton County	179	110	289
*Matlock, Ernest Bailey	113	88	201
*New Mills County	150	129	279
*Shirebrook County School for Girls ...	—	66	66

(ii.) Secondary Schools Aided by the County Council :—

<i>School.</i>	<i>Enrolment.</i>		
	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Ashbourne, Queen Elizabeth's Grammar	129	102	231
Bakewell, Lady Manners	94	134	228
*Buxton College	208	—	208
Chesterfield Grammar	622	—	622
*Dronfield Grammar	140	89	229
*Glossop Grammar	127	111	238
Staveley, Netherthorpe Grammar ...	224	153	377
*Wirksworth Grammar	44	61	105

(iii.) Secondary Schools neither provided nor aided by the County Council :—

Duffield, St. Ronan's (Girls).
 Darley Dale, St. Elphin's (Girls).
 Ockbrook Moravian (Boys and Girls).
 Repton School (Boys).
 Tideswell Grammar (Boys).

(b) *Frequency and character of Medical Inspection.*

The pupils at those schools indicated by a * in the above table are submitted to a full Medical Inspection annually.

(c) *Proportion of pupils inspected.*

All pupils attending these schools are inspected.

(d) *Arrangements for following up defects.*

Defects found on Medical Inspection at a Secondary School are entered on the School Medical Record Card. Later in the year a second visit is made to the School, during which children found to be defective at the first visit are re-inspected to ascertain the progress of the defective condition, and whether or not adequate treatment has been carried out.

(2) **Medical Treatment.**(a) *Forms of treatment provided by the Authority.*

The County Council provides treatment for Secondary School children at the Clinics for three types of defect—

- (1) Enlarged Tonsils and Adenoids.
- (2) Visual Defects.
- (3) Dental Defects.

(b) *Types of pupil for whom treatment is available.*

The treatment for enlarged tonsils and adenoids and visual defects is available for all pupils attending Secondary Schools; the treatment of dental defects is confined to free-place pupils only.

(c) **Arrangement for Recovering the Cost of Medical Treatment.**

The County Council, in October, 1931, adopted a scale of charges for medical services, graded according to the financial circumstances of the patient's family.

In necessitous cases the charge of £2 for the operation of tonsillectomy is reduced according to the financial circumstances, the fee being recovered by the County Accountant's Department.

A fee of 1/6 is charged in the case of dental treatment, this fee covering the whole course of treatment, with the exception of an additional 1/6 when a general anæsthetic is required. This money is payable at the School Clinics. In cases of poverty the fee is resented.

In the case of defective vision, the prescription for spectacles is usually handed to the parents, who obtain the spectacles privately, but in exceptional cases they are supplied at a fixed rate of 5/- per pair. In necessitous cases, however, this rate is reduced and the balance of cost made up out of a voluntary fund known as the "Surgical Appliance Fund," collected at the Schools. Prescriptions provided under these conditions are not forwarded to the opticians until the appropriate fee has been received from the parents.

During the year 1931, 30 cases of enlarged tonsils and adenoids received operative treatment at the County Council School Clinics; 109 Secondary School children, after refraction at the School Clinics, were found to require spectacles; and 11 Secondary School pupils received dental treatment under the Authority's scheme.

EMPLOYMENT OF CHILDREN & YOUNG PERSONS.

The following Table gives particulars of the medical inspections under the Employment of Children Bye-laws.

No. of Applications.	No. Disallowed.	No. Allowed.	Delivery of Newspapers.	Delivery of Milk.	Errand Boy.
81	2	79	73	4	2

SURGICAL APPLIANCE FUND.

An annual collection is made each year in December at the various schools in the County and the proceeds distributed amongst the various voluntary hospitals in or near the County or paid into the Fund for the provision of surgical appliances and spectacles for necessitous cases.

For the year 1930-31, £529 9s. 10d. was collected, as compared with £515 5s. 10d. for 1929-30 and distributed as follows :—

	£	s.	d.
Surgical Appliance Fund	218	0	11
Derbyshire Royal Infirmary	91	7	7
Chesterfield Royal Hospital	42	3	1
Derbyshire Children's Hospital	42	17	8
Burton-on-Trent Infirmary	23	12	0
Nottingham Children's Hospital	10	6	3
Mansfield and District Hospital	14	5	7
Miscellaneous (less than £10 each)	86	16	9
	<hr/>		
	£529	9	10

Surgical instruments and spectacles for school children are also supplied from the above fund. During the year ended March 31st, 1931, the expenditure in this connection was as follows :—

	£	s.	d.
Cost of surgical appliances	141	13	8
Cost of glasses provided	238	15	10
	<hr/>		
	£380	9	6

Several demands have been made on the Surgical Appliance Fund by Secondary School Children, but it should be borne in mind that something over £500 a year is contributed to this fund by Elementary School children, whereas the Secondary Schools, with but one exception, contribute nothing. The exception last year was Ilkeston Secondary School, which contributed £1 15s. 0d. This has to be remembered in deciding whether or not Secondary School children should be entitled to draw upon a fund to which they contribute so little.

Nature of Surgical Appliances supplied during the year :—

Calipers, iron and aluminium, Double Irons, Knock-knee Irons, Straight Frames and Saddles, Cock-up Splints, Block Leather Spicas, Back Supports, Leather and Celluloid Jackets, Boots raised with cork and Boots tubed and heeled, Abduction Frames, Walking Thomas Splint, Invalid Chairs, and repairs to Artificial Limbs.

BACTERIOLOGICAL EXAMINATIONS.

During the year ended December 31st, 1931, 457 School Specimens were examined in the County Laboratory. Details of these are as follows :—

	Positive.	Negative.
Swabs for Diphtheria	7	114
Hairs for Ringworm	87	81
Urine for Albumin, etc.	13	137
Miscellaneous	11	7
	<hr/>	
Totals	118	339

SCHOOL NURSING SERVICE.

Below is a summary of the work done by the School Nurses during the year :—

Medical Inspections (Elementary Schools)	31,255	
Medical Inspections (Secondary Schools)	2,206	
		33,461
Verminous Inspections	...	155,270
Other Inspections	...	19,953
Visits to Homes following up cases	...	15,598
Visits to Mentally Deficient Persons	...	1,842
Visits to Blind Persons	...	451
		226,575

CHILD GUIDANCE.

Dr. Bryan reports on this branch of the work as follows :—

CASES SEEN DURING THE YEAR 1931.

	<i>Cases.</i>	<i>Attendances.</i>
At Matlock Clinic	41	87
At other Clinics	17	26
Total	58	113

HOME VISITS.

New Cases	38
Old Cases	8
Total	46

New Cases dealt with.

	<i>No.</i>
Disorders of Sleep (Night Terrors, Somnambulism, etc.)	3
Fits (Epileptic and otherwise)	10
Chronic Headache (Overstrain, etc.)	4
Digestive Disturbances (Constipation, etc.)	3
Cyclic Disturbances	3
Chorea, Tics, etc.	3
Irritability and lack of emotional Control	6
Social Mental Deficiency	3
Educational Mental Deficiency	6

Delinquency :—

Theft	...	...	...	...	...	7
Attempted Suicide	...	...	...	...	...	1
Habitual Truancy	...	...	...	...	...	2
Lying and Bad Language	...	...	...	...	...	2
Cruelty and Vicious Conduct	...	...	...	...	...	2
Wandering	...	...	...	...	...	1
Sexual Delinquency	...	...	...	...	...	2

RESULTS OF TREATMENT.

<i>New Cases.</i>	No.
Apparently Cured	11
Greatly improved	6
Improved ...	5
Appropriate action taken	7
Still under Treatment :—	
Making satisfactory progress	5
Not making satisfactory progress	1
Under Observation	2
No information as to progress	11
No Treatment indicated	6
Co-operation not established	4

Old Cases.

Apparently Cured	2
Improved, still under Treatment	1
No information, left the district	1

The work of Child Guidance has been quietly developing in the County during the past year.

Cases have been seen regularly at the Matlock Clinic ; and other cases, which were too far afield to come to Matlock, have been seen at Derby, Buxton, Chinley, Ashbourne, or visited in their own locality.

With the exception of the cases which were able to come to the Clinics as often as was necessary, the work has not been easy.

It is very difficult to maintain adequate contact with cases at the other end of the County, and to ensure both an accurate supply of information as to the progress of the case and a satisfactory handling of new situations as they arise. On this account I have found it impossible to take on cases where I was not able to secure the adequate co-operation of the parents.

In view of the difficulties under which it has been carried on, I think the result of the year's work may be considered satisfactory. Of the 58 new cases seen, ten were found unsuitable for Child Guidance, either through lack of co-operation or for other reasons. In seven cases appropriate action, such as signing up for an institution, was taken. Of the remaining 41, 27 have been either apparently cured or are showing varying degrees of improvement, and 11 have not yet re-visited the Clinic to report progress. In the latter

case improvement may be presumed in several instances, as the parents were told to bring the children back at once if the symptoms complained of were not alleviated.

Only one case has proved thoroughly unsatisfactory so far, and, although distance is proving a difficulty, I am still hopeful of bringing this case to a successful conclusion.

As will be seen from the foregoing table, a wide diversity of conditions and behaviour problems has been dealt with. I give a few particulars of some of the more interesting ones.

L., a child of six, for some years had only had her bowels open once a week. This occasion was naturally one of great suffering for the child, and the condition caused great distress in the household. Various doctors had tried aperients of all sorts, but in vain, and the child's health was becoming seriously undermined.

The problem turned out to be psychological rather than physical. The mother, a pleasant but rather masterful woman, had been ordering the child's life far too much with a continual "Do this," "Don't do that," "Now come and do this," and the child was saying in effect, "You can control my eating, sleeping, playing, etc., but, anyhow, my bowels are my own!" In time, of course, the act became so painful that it was postponed as long as possible.

The treatment consisted of convincing the child by appropriate remedies that it was possible to have a painless motion and of persuading the mother to alter her attitude towards the child. This, plus a little treatment by suggestion, proved entirely efficacious, and the child—when last heard of—was having a motion every day.

M. H. is a little girl of four who for the last two years has been very nervous, sobbing for long periods with no apparent reason, frightened at anything and having fits of an apparently epileptiform nature. These fits, in which she complained of dizziness, were particularly interesting in that they used to come on when she saw children running round in play, wheels going round, her mother stirring a pudding, or, in fact, circular motion of any sort. It is quite possible that some of these fits were genuine *petit mal*, but most of them were probably designed to oust her baby brother from her mother's lap: and things in circular motion served to remind her of this infallible way of attaining that desirable position.

The situation was explained to the mother: she was advised to take appropriate steps to allay the little girl's jealousy, and also to lay her on the sofa when she had a fit, instead of taking her on her lap.

The fits at once became less frequent, and last time I hear from the mother she wrote happily to say the child was very much better in every way.

B. C. A little boy aged eight absolutely refused to go to school. He was punished by the teacher and thrashed again and again by his parents, all to no purpose. Finally, a bigger boy was paid to

take him to school every day, but as often as not he contrived to give him the slip. When seen at the Clinic he was a pitiable little object, declaring that he had no love for his parents and that he hated school because he could not understand the lessons. His teacher, interviewed, said he was stupid and stubborn. On examination he was found to be a little above the average in intelligence, but distinctly deaf.

His mother admitted that she didn't care for him as much as her other two children, and that she was always on to him because he was so irritating. It was explained to her that the boy was suffering severely from lack of love, and she agreed to try a change of attitude. The boy attended the Clinic for some time, his deafness was cured by the removal of his adenoids, after which he was sent to stay with his grandmother for a few weeks. Finally—to break the old associations—he was transferred to another school, which he is now attending regularly and happily.

F. W. A little boy, aged six, has been suffering from persistent somnambulism for the last nine months.

The cause of his mental unrest eventually proved to be the chance remark of a playmate, that his mother might go away and live with a daughter and leave him with his father, "who shouts at him." He had never given the slightest indication to his mother that he had any such idea, and she was most surprised.

Once this fear had been brought to the surface and allayed, the somnambulism ceased.

F. D., a boy of twelve, was expelled from his Secondary School on account of stealing and general unsatisfactory behaviour.

In spite of the severe punishment, this conduct has persisted for over a year, and the parents were at their wit's end.

On investigation, it came to light that this boy had been brought up in his earlier years by his paternal grandmother, who had spoiled him considerably. When his mother took over charge of him she began to discipline him, and the boy, not liking the change, used to run into his grandmother's house whenever he got the chance, where the spoiling process continued.

The mother became jealous because the boy appeared to prefer his grandmother to herself, and the old lady was bitterly critical of what she considered the harsh treatment of the boy by her daughter-in-law. The boy thus became the battle-ground whereon these ladies waged their quarrel. He could do nothing right in his mother's eyes and nothing wrong in his grandmother's. The upshot of it all was that he began to misbehave, and by the time he was brought to the notice of the Clinic his conduct was causing the most serious concern to all who knew him.

It took a little time to sort things out, but eventually both the mother and grandmother were brought to an appreciation of the position and to a modification of their attitude towards the boy.

Sundry adjustments were made in his life, and a nasal obstruction was treated by the E.N.T. Dept.

The boy has been in no serious trouble since—he is happy in his home life, and though his work at school still leaves a little to be desired, he is a very different boy from what he was twelve months ago.

P. D., a Secondary School girl of eleven, was caught in the act of shop-lifting. It is probable that this had been going on for some time, and there were other thefts at school which this child may have been responsible for.

On investigation, it was found that this girl's mother had died some years previously, since when the family had been living in lodgings.

Her father was on night work and rarely saw her, and there was no one to take interest in her or show her affection. She admitted that she could not remember anyone kissing her since her mother died.

The things she had stolen she had been giving away to school-fellows in a pitiful attempt to buy the affection which should have been her normal birthright.

In this case, as in others, the diagnosis proved easier than the treatment ; but, with the co-operation of her wise and understanding Headmistress, some progress has been made in re-adjusting her life, and we are quite hopeful that a really clever child will be saved from disaster and guided to a successful career.

STEALING.

Stealing is the type of delinquency most frequently met with in child guidance work, and over and over again in this connection the fact is emphasised that the motive, and not the crime, is the important thing. There can be no wholesale measures—each case has to be sifted to the very bottom and treated on its merits.

Stealing by children falls roughly into three classes :—

(1) Those who steal for the fun of the thing, *i.e.*, those in whom the excitement of the act and not the value of the thing stolen is the real incentive.

This type, of the orchard raiding variety, is usually carried out in company. It does not, as a rule, incur for the offender the censure of his fellows, and even if Authority has to deal with it, it often does so with the twinkle in its eye.

This type of stealing is usually amenable to ordinary disciplinary measures, and only when it is persisted in, in spite of adequate punishment, need it be regarded seriously.

One of the best ways of dealing with it is to get the boy concerned into a good Scout Troop or Cub Pack, where he will be able to satisfy his desire for exciting adventure in a legitimate way.

(2) Those who steal to satisfy an appetite, *i.e.*, those in whom the attraction of the thing stolen is the incentive.

* This is a more furtive type of theft; it is usually carried out alone, and, when it is discovered, earns for the offender both the censure of his fellows and the heavy hand of Authority. Providing the child has not been brought up in an un-moral home, it chiefly indicates a failure of self-control.

In dealing with these cases, one has to realise that, as regards self-control, we all have our breaking-point; but with some it is much higher than with others. In cases such as these, where there is a very low breaking-point, we can help, not only by trying to strengthen the self-control, but also by temporarily easing the tension. For example, a child who steals sweets, jam, etc., may be doing so to satisfy an abnormal physiological craving for sugar, and, instead of depriving the child of sweets as a punishment and often accentuating the trouble, the better plan is to add more sugar and sweet food to the diet, and thus lessen the temptation.

In the same way, when a child steals money, instead of reducing the pocket money, it is often better to put the child in the way of earning a little more.

This mode of procedure may seem strange to those who think that crime should be followed by adequate punishment; but the whole object of any action is to turn the juvenile delinquent into a useful citizen, and not merely to exact justice; and if, as often happens in these cases, punishment fails to produce any improvement, it is better to have recourse to methods which are more psychologically sound.

(3) Children in whom stealing is merely a symptom of mental unrest.

It is a curious fact that children who are leading thwarted, deprived, or mal-adjusted lives often turn to stealing as an outlet for their pent-up emotions. In nearly every case of persistent stealing continuing in spite of threats and punishment, and particularly when the articles stolen are not of any particular value, one finds a psychological problem in the background. There may be tension in the home due to strained relations between the parents, there may be jealousy of another child, there may be antagonism to a step-parent, the child may be suffering from overwork, or from epilepsy or chorea, he may be passing through a difficult time as regards sex, or be just generally misunderstood. Any or all of these varying conditions frequently produce the same external symptoms—stealing.

These children are generally very miserable. They protest with tears that they "Don't know why they steal" and that "They can't help it," and they are usually speaking the truth. They are not unnaturally the despair of their friends, who foresee a very gloomy future for them; sometimes they appear before the Magistrates, and if probation fails, as it often does, they are sent to industrial schools. Nevertheless, they are really not potential criminals, but only misunderstood children.

They are essentially cases for the Child Guidance Clinic, and not infrequently clear up like magic after a short period of treatment. Success or failure depends very largely on whether the parents can be brought to appreciate the psychological points at issue, and to give them sympathetic co-operation.

A great many potentially respectable and trustworthy adults pass through a phase of misbehaviour as children, and it is far better that they should receive a little guidance through that difficult period than that they should be subjected to exposure, disgrace, and perhaps life-long stigma.

SECTION II.

TABLES OF THE BOARD OF EDUCATION.

TABLE 1.

RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections						
Entrants	...	...	...	...	...	9,315
Intermediates	...	...	...	...	...	8,505
Leavers	...	...	...	...	...	6,597
Total						24,417

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	2,668
Number of Re-Inspections	...	...	11,772
Total			14,440

TABLE 1a (SECONDARY SCHOOLS).

A.—ROUTINE INSPECTIONS.

Boys	...	...	...	...	...	1,891
Girls	...	...	...	...	...	2,021
Total						3,912

B.—SPECIAL INSPECTIONS.

Boys	...	...	...	...	...	42
Girls	...	...	...	...	...	13
Total						55

C.—RE-INSPECTIONS.

Boys	...	...	...	...	...	146
Girls	...	...	...	...	...	172
Total						318

TABLE II.

A—Return of Defects found in the course of Medical Inspection in 1931

DEFECT OR DISEASE.					Routine Inspections.		Specials.	
					Requiring treatment	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
Malnutrition					105	195	89	113
Uncleanliness					296	107	6	3
Skin ..	Ringworm—							
	Scalp				20	3	9	—
	Body				14	2	4	—
	Scabies				27	—	24	—
	Impetigo				191	2	43	—
Other Diseases (non-tuberculous)					130	54	51	8
Eye ..	Blepharitis				107	23	20	1
	Conjunctivitis				61	8	17	—
	Keratitis				—	2	—	—
	Corneal Opacities & C'neal Ulcers				15	4	8	1
	Defective Vision (excl'd'g Squint)				1193	549	545	129
	Squint				230	70	74	18
	Other Conditions				32	34	27	8
Ear ..	Defective Hearing				106	51	52	10
	Otitis Media				168	26	46	3
	Other Ear Diseases				47	65	12	5
Nose and Throat	Enlarged Tonsils only				634	1492	295	270
	Adenoids only				96	115	52	28
	Enlarged Tonsils and Adenoids				1300	727	499	173
	Other Conditions				63	86	49	17
Enlarged Cervical Glands (Non-Tuberculous) ..					152	597	26	40
Defective Speech					58	60	6	8
Teeth ..	Dental Diseases				2334	406	291	22
Heart and Circulation.	Heart Disease—							
	Organic				11	117	15	49
	Functional				19	181	2	31
	Anæmia				29	98	37	23
Lungs ..	Bronchitis				143	233	32	38
	Other Non-Tuberculous Diseases				11	41	5	13
Tubercu- losis	Pulmonary—							
	Definite				4	10	6	4
	Suspected				9	32	17	15
	Non-Pulmonary—							
	Glands				4	35	11	13
	Spine				2	1	—	2
	Hip				—	1	—	2
	Other Bones and Joints				3	7	1	1
	Skin				1	—	1	1
Other Forms				5	11	3	3	
Nervous System	Epilepay				11	24	14	15
	Chorea				6	16	6	11
	Other Conditions				9	74	6	44
Deformities	Rickets				29	157	6	9
	Spinal Curvature				25	47	6	19
	Other Forms				68	71	27	33
Other Defects and Diseases					230	429	132	127

B.—Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP. (1)	Number of Children.		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
CODE GROUPS :—			
Entrants	9315	1498	16·0
Intermediates	8505	1740	20·4
Leavers	6597	1235	18·7
Total (Code Groups)	24417	4473	18·3

TABLE II. A (continued).

SECONDARY SCHOOLS.

Return of Defects found in the course of Medical Inspection during 1931.

Enrolment—Boys 1750, Girls 2070, Total 3820.

DEFECT OR DISEASE.						Number referred for Treatment.		Number requiring to be kept under observation, but not referred for treatment.	
						Boys.	Girls.	Boys.	Girls.
Malnutrition						2	—	11	—
Uncleanliness						—	9	—	11
Skin	...	{ Ringworm—				—	—	—	—
		{ Scalp							
		{ Body							
		{ Scabies							
		{ Impetigo							
		{ Other Diseases (Non-Tuberculous)				7	4	7	1
Eye	...	{ Blepharitis				2	3	1	—
		{ Conjunctivitis				3	—	1	—
		{ Keratitis				—	—	—	—
		{ Corneal Opacities				1	—	—	—
		{ Defective Vision, excluding Squint				125	163	123	41
		{ Squint				1	4	6	—
		{ Other Conditions				—	—	20	—
Ear	...	{ Defective Hearing				10	2	6	—
		{ Otitis Media				1	5	4	—
		{ Other Ear Diseases				—	—	4	1
Nose and Throat	{	Enlarged Tonsils only				14	57	87	18
		Adenoids only				1	3	—	2
		Enlarged Tonsils & Adenoids				15	81	25	11
		Other Conditions				10	13	9	3
Enlarged Cervical Glands (Non-Tuberculous) ...						3	1	16	—
Defective Speech						—	—	4	—
Teeth ... Dental Diseases						95	117	11	—
Heart and Circulation	{	Heart Disease :				1	—	8	14
		Organic							
		Functional							
		Anæmia				—	12	3	4
Lungs	{	Bronchitis				2	—	11	1
		Other non-tuberculous Disease				—	—	5	1

TABLE II A—*continued.*SECONDARY SCHOOLS—*continued.*

Return of Defects found in the course of Medical Inspection.

DEFECT OR DISEASE.					Number referred for treatment.		Number requiring to be kept under observation but not referred for treatment.	
							Boys.	Girls.
<i>Tubercu- losis.</i>	{	Pulmonary—						
		Definite	—	—	—	—		
		Suspected	1	—	—	1		
		Non-Fulmonary—						
		Glands	1	—	5	—		
		Spine	—	—	1	—		
		Hip	—	1	—	1		
		Other Bones and Joints ...	—	—	—	—		
	{	Skin	—	—	—	—		
		Other forms	—	—	—	—		
<i>Nervous System.</i>	{	Epilepsy	1	—	—	—		
		Chorea	—	—	—	—		
		Other conditions	—	—	3	1		
<i>Deformities</i>	{	Rickets	—	—	1	—		
		Spinal Curvature	6	12	7	4		
		Other forms	8	11	35	1		
Other Defects and Diseases					3	29	21	12

TABLE III.

Return of all Exceptional Children in the Area, December 31st, 1931.

		Boys.	Girls.	Total.
Children suffering from the following types of Multiple Defect, i.e., any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy. * Active Tuberculosis, Crippling, or Heart Disease		28	16	44
<i>Blind (including partially blind)—</i>	At Certified Schools for the Blind ...	6	6	12
	At Public Elementary Schools ...	2	2	4
(i.) Suitable for training in a School for the totally blind.	At other Institutions ...	—	—	—
	At no School or Institution ...	2	3	5
(ii.) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind or Partially Blind ...	1	—	1
	At Public Elementary Schools ...	37	26	63
	At other Institutions ...	—	—	—
	At no School or Institution ...	9	5	14
<i>Deaf (including deaf and dumb and partially Deaf)—</i>	At Certified Schools for the Deaf ...	13	11	24
	At Public Elementary Schools ...	—	2	2
(i.) Suitable for training in a School for the totally deaf or deaf and dumb.	At other Institutions ...	—	—	—
	At no School or Institution ...	—	1	1
(ii.) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf ...	6	3	9
	At Public Elementary Schools ...	31	47	78
	At other Institutions ...	—	—	—
	At no School or Institution ...	—	3	3
<i>Mentally Defective—</i>	At Certified Schools for Mentally Defective Children ...	7	11	18
Feeble-minded (cases not notifiable to the Local Control Authority).	At Public Elementary Schools ...	162	105	267
	At other Institutions ...	—	—	—
	At no School or Institution ...	54	32	86
Notified to the Local Mental Deficiency Authority during the year.	Feeble-minded ...	See figures in following Table IIIA.		
	Imbeciles ...			
	Idiots ...			
<i>Epileptics—</i>	At Certified Schools for Epileptics ...	1	1	2
	At Certified Residential Open-air Schools ...	—	—	—
Suffering from severe epilepsy.	At Certified Day Open-air Schools ...	—	—	—
	At Public Elementary Schools ...	3	4	7
	At other Institutions ...	—	—	—
	At no School or Institution ...	11	8	19
Suffering from epilepsy which is not severe.	At Public Elementary Schools ...	44	36	80
	At no School or Institution ...	6	6	12
<i>Physically Defective—</i>	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	6	6	12
Active pulmonary tuberculosis (including pleura and intrathoracic glands).	At Certified Residential Open-air Schools ...	—	—	—
	At Certified Day Open-air Schools ...	—	—	—
	At Public Elementary Schools ...	3	1	4
	At other Institutions ...	—	—	—
	At no School or Institution ...	8	7	15
Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	1	1
	At Certified Residential Open-air Schools ...	—	—	—
	At Certified Day Open-air Schools ...	—	—	—
	At Public Elementary Schools ...	43	30	73
	At other Institutions ...	—	—	—
	At no School or Institution ...	15	14	29

TABLE III—*continued.*

		Boys.	Girls.	Total.
<i>Physically Defective—</i>	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
Tuberculosis of the principal glands.	At Certified Residential Open-air Schools	—	—	—
	At Certified Day Open-air Schools	—	—	—
	At Public Elementary Schools	67	44	111
	At other Institutions	—	—	—
	At no School or Institution	14	10	24
Abdominal tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
	At Certified Residential Open-air Schools	—	—	—
	At Certified Day Open-Air Schools	—	—	—
	At Public Elementary Schools	12	5	17
	At other Institutions	—	—	—
	At no School or Institution	10	7	17
Tuberculosis of bones and joints (not including deformities due to old tuberculosis).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	24	18	42
	At Public Elementary Schools	43	24	67
	At other Institutions	1	2	3
	At no School or Institution	26	15	41
Tuberculosis of other organs (skin, etc.).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
	At Public Elementary Schools	3	1	4
	At other Institutions	—	—	—
	At no School or Institution	2	3	5
Delicate Children, i.e., all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open-air School.	At Certified Residential Cripple Schools	—	—	—
	At Certified Day Cripple Schools	—	—	—
	At Certified Residential Open-air Schools	1	8	9
	At Certified Day Open-air Schools	—	—	—
	At Public Elementary Schools	41	42	83
	At other Institutions	—	1	1
	At no School or Institution	14	24	38
Crippled Children (other than those with active tuberculosis disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools	13	15	28
	At Certified Residential Cripple Schools	—	3	3
	At Certified Day Cripple Schools	—	—	—
	At Certified Residential Open-air Schools	—	—	—
	At Certified Day Open-air Schools	—	—	—
	At Public Elementary Schools	208	172	380
	At other Institutions	—	2	2
	At no School or Institution	40	43	83
Children with heart disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Hospital Schools	—	—	—
	At Certified Residential Cripple Schools	—	—	—
	At Certified Day Cripple Schools	—	—	—
	At Certified Residential Open-air Schools	—	—	—
	At Certified Day Open-air Schools	—	—	—
	At Public Elementary Schools	33	30	63
	At other Institutions	—	—	—
	At no School or Institution	6	13	19

***Children Suffering from Multiple Defects.**

	BOYS.		GIRLS.		TOTAL.	
	In Elemen- tary School.	Not at School.	In Elemen- tary School.	Not at School.	In Elemen- tary School.	Not at School.
Feeble-minded and Epileptic	4	5	2	5	6	10
Feeble-minded and Cripple	6	6	2	3	8	9
Feeble-minded and Heart diseases ...	—	—	—	1	—	1
Feeble-minded, Epileptic and Cripple	—	3	—	—	—	3
Feeble-minded, Cripple and Heart Disease	—	—	1	—	1	—
Blind and Cripple ...	—	1	—	—	—	1
Heart Diseases and Cripple	1	—	—	—	1	—
Epileptic and Cripple ...	—	—	—	2	—	2
Active Tuberculosis and Cripple	1	—	—	—	1	—
(In Hospital School)	—	1	—	—	—	1
Total	12	16	5	11	17	27
	28		16		44	

TABLE III. A

Statement of the Number of Children notified during the year ended December 31st, 1931, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of Children notified, 32.

ANALYSIS OF THE ABOVE TOTAL.

DIAGNOSIS.	BOYS.	GIRLS.
1. (i.) Children incapable of receiving benefit or further benefit from instruction in a Special School—		
(a) Idiots	3	2
(b) Imbeciles	15	8
(c) Others	—	—
(ii.) Children unable to be instructed in a Special School without detriment to the interests of other children		
(a) Moral Defectives	—	—
(b) Others	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16 ...	—	4
3. Feeble-minded children notified under Article 3 of the 1928 Regulations, i.e., "special circumstances" cases	—	—
(NOTE.—No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308M) to the Authority).		
4. Children who in addition to being mentally defective were blind or deaf	*1	†1
(NOTE.—No blind or deaf child should be notified without reference to the Board—See Article 2, proviso (ii.).		
Grand Total	18	14

* Also included under 1. (i.) (a).

† Also included under 1. (i.) (b).

TABLE IV.

Return of Defects treated during the year 1931.
Treatment.

Group I.—Minor Ailments (excluding Uncleanliness,
for which see Group V.).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin :—			
Ringworm Scalp	84	—	84
Ringworm Body	38	2	40
Scabies	33	19	52
Impetigo	804	17	821
Other Skin Disease	143	21	164
Minor Eye Defects	278	95	373
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects	316	70	386
Miscellaneous (e.g., minor injuries, bruises, sores, chil- blains, etc.)	1777	440	2217
Total	3473	664	4137

Group II.—Defective Vision and Squint (excluding Minor Eye Defects Treated as Minor Ailments.—Group I.).

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme.	Otherwise	Total.
Errors of Refraction (including Squint)	1955	196	—	2151
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	120	24	—	144
Total	2075	220	—	2295

Total number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme	...	...	...	1470
(b) Otherwise	...	...	...	196

Total number of children who obtained or received spectacles

(a) Under the Authority's Scheme	...	...	...	1405
(b) Otherwise	...	...	...	196

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative Treatment.			Received other forms of treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
1970	656	2626	10	2636

Group IV.—Dental Defects.

(1) Number of Children who were:—

(a) Inspected by the Dentist:

		Aged :	
Routine Age Groups	{	5	4723
		6	5269
		7	5213
		8	5105
		9	5295
		10	5695
		11	5362
		12	3850
		13	3714
		14	520
			Total 44746

Specials 3214

Grand Total 47960

(b) Found to require treatment 41744

(c) Actually treated 18552

(2) Half-days devoted to—

Inspection	312	
Treatment	3591	
		Total 3903

(3) Attendances made by children for treatment 30390

(4) Fillings—

Permanent Teeth	32365	
Temporary Teeth	3563	
		Total 35928

(5) Extractions

Permanent Teeth	7029	
Temporary Teeth	36811	
		Total 43840

(6) Administrations of General
anæsthetics for extractions:— 3198

(7) Other Operations

Permanent Teeth	3762	
Temporary Teeth	20797	
		Total 24559

Group V.—Uncleanliness and Verminous Conditions.

Average number of visits per school made during the year by the School
Nurses 3·89

Total number of examinations of children in the Schools by School Nurses 155270

Number of individual children found unclean 2056

Number of children cleansed under arrangements made by the Local
Education Authority 5

Number of cases in which legal proceedings were taken:—

(a) Under the Education Act, 1921 Nil

(b) Under School Attendance Byclaws Nil

